

DO MEDIA REPRESENTATIONS PERPETUATE
MYTHS OF MADNESS?
THE SOCIAL CONSTRUCTION OF
PEOPLE WITH MENTAL ILLNESSES
IN THE
NEW ZEALAND NEWSPRINT MEDIA

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Abstract

Reports of incidents and issues relating to people with mental illnesses (PWMI) feature prominently in the Western news media. Over the years, the nature and extent of this coverage has incited considerable interest among academic researchers and members of the mental health sector, who argue that the news media play a central role in informing and framing popular conceptions of PWMI. Stereotyped and sensationalised news representations, particularly those framed within the context of violence and danger, are considered to amplify and legitimise the largely negative lay image of PWMI. The role of the media in the circulation of common-sense understandings of PWMI is the focus of the present research. Using *Social Representations Theory* as its analytic framework, the research reported herein considers the social representations of PWMI that were enlisted in news media coverage of a mass killing perpetrated in New Zealand by an individual suffering a psychiatric illness. Methods of content and discursive analysis were used to systematically analyse 123 news articles related to the tragedy published in four major New Zealand metropolitan daily newspapers. In exploring the representations contained in the sample frame, specific attention was given to those individuals whom journalists cast as principal news sources, the thematic content manifest in coverage, and the dominant discourses constructed in the dramatic narrative of the story. Discourses associated with the dangerousness, otherness, medicalisation, accountability, and functionality of PWMI were found alongside an overarching social representation of social crisis. The implications of these findings for future efforts to reduce mental illness stigma of PWMI are discussed.

CHAPTER 1

Constructing Social Representations of People with Mental Illnesses

Representations of People with Mental Illnesses

Social Representations Theory

The field of social psychology has a sociological and academic interest in understanding the way that people develop knowledge and understandings of social phenomena. In recent years, an increasing body of research and theory in this area has positioned itself from an emerging post-modern orientation in psychology known as '*Social Representations Theory*' (SRT) (Moscovici, 1981, 1984, 1998; Moscovici & Hewstone, 1983). This theory is principally concerned with the specific forces at work in shaping lay and scientific understandings and interpretations of social reality. It also provides researchers with a coherent working model from which to investigate various social phenomena.

SRT was originally developed during the 1960s and 1970s by French social psychologist, Serge Moscovici, to account for the links between cultural beliefs, attitudes, and behaviours. Falling under the broader theoretical umbrella of *Social Constructionism*, SRT is predicated on the central view that knowledge is a mediated phenomenon constructed by groups or discursive communities. The social constructionist perspective holds that there are no universal truths about human nature or the social world, only shared meanings ("negotiated" realities) that have been constructed and interpreted through social processes, interactions, and interchanges (Berger & Luckmann, 1966; Burr, 1995; Harré, 1986). It is through this process of continual social exchange that individuals come to assign meaning to their world. In this way, people are regarded not as passive processors of

information about the world, but rather as active constructors of social reality through their interactions with one another and with cultural ideologies. Thus, individuals' ideas about social phenomena are influenced by their social environment, while the nature and value of their social environment is constituted and reconstituted through their ideas (Moscovici, 1981, 1984).

According to SRT, representations are the mentally encoded templates that conventionalise social phenomena (e.g., objects, persons, and events) in order for people to make meaning of their socially constructed reality. Moscovici (1984) describes social representations as sets of consensually held beliefs that determine how people react to and interpret events: "they do not represent simply 'opinions about', 'images of' or 'attitudes towards' but 'theories' or 'branches of knowledge' in their own right, for the discovery and organisation of reality" (p. 14). Moscovici argues that all thought and understanding is based on the working of social representations, with these representations providing a specific way of understanding, interpreting, and 'making sense' of the world. The collective nature of meaning-making via social representations serves two essential functions. Firstly, it enables effective intra-group communication by providing a shared code (common "language") from which meaningful discourse can take place. Secondly, representations help render that which is unfamiliar, familiar.

Social representations of unfamiliar phenomena are formed through two processes. The first, *anchoring*, refers to the process whereby members of a group attempt to make sense of foreign and disturbing objects or social stimuli by interpreting them in terms of pre-existing knowledge. This provides a means of classifying and naming new information. The second process that generates social representations is *objectification*. Objectification works in tandem with anchoring as the process through which unfamiliar and abstract ideas, interpretations, and evaluations are transformed into concrete and objective realities. Thus, unfamiliar objects and concepts are compared and interpreted in light of pre-existing

understandings of similar phenomena, with these understandings made more concrete within everyday discourse through linguistic and rhetoric devices of imagery, symbolism, and metaphor (Moscovici, 1984).

The use and spread of social representations depends on their capacity to restore order and to solve everyday problems (Moscovici, 1984). One way this is achieved is through allowing individuals and the community to construct coherent, stable versions of reality in order that they can behave in a comprehensible manner. However, it is important to distinguish SRT from traditional predictive theories concerning the causal link between beliefs, attitudes, and actions. Moscovici (1984) argues that we cannot prove that a linear process occurs whereby beliefs cause attitudes, which in turn determine actions, since they are all expressions of underlying social representations. Social representations are the preconditions for attitudes, beliefs, and behaviours, which can only be formed once the phenomenon has been perceived and evaluated. Thus, SRT provides a theoretical link between attitudes and behaviours insofar as it explains the co-ordinated attitudes and actions of individuals towards the same phenomena.

Antecedents of Contemporary Representations of People with Mental Illnesses

According to SRT, social representations are continually constructed and reconstructed within the particular socio-political milieu and specific temporo-relational contexts in which they exist. Therefore, as social representations are anchored in historically transmitted cultural ideas, tracing the socio-historical roots of beliefs, attitudes, and behaviour towards a social phenomenon will reveal the enduring and changing representations of that phenomenon over time. The purpose of the following chronology is to provide the reader with a brief description of how social representations of people with

mental illnesses (PWMI)¹ have evolved over time. This review is neither intended, nor written, as an exhaustive account of the history of psychiatry. Rather, it is designed to point out early developments and key alterations in philosophic, scientific, and moralistic thinking relating to PWMI, while highlighting certain events that preceded shifts in public and professional conceptions of this group.

The earliest known form of ‘psychiatry’ is considered to have been that practised by Stone Age cave dwellers over half a million years ago (Alexander & Selesnick, 1967; Colp, 1989). Study of prehistoric cave drawings suggests that *Mesolithic* people utilised a ‘magical law’ as a means to make sense of the world. During this period, life and the physical universe were approached more or less as a single, albeit multifaceted, phenomenon, and, consequently, there was no evidence of any true division between medicine, magic, and religion (Alexander & Selesnick, 1967; Roccatagliata, 1986; Romm & Friedman, 1994). Rather, mental and physical diseases were seen to represent a breakdown of the magico-religious system, and were largely attributed to violation of a taboo, neglect of ritual obligations, and demonic possessions (Romm & Friedman, 1994).

Early Greek scriptures indicate that beliefs about the influence of diabolical agencies in abnormal behaviours were still in existence in early Greek times (Mora, 1985; Romm & Friedman, 1994). However, there was also a growing contention that mental phenomena had natural, rather than strictly spiritual or supernatural explanations. Hippocrates (460–377 BC) was the first individual to advocate for humane treatment of persons affected by mental illnesses (Colp, 1989; Romm & Friedman, 1994). The Greek philosopher Plato (427–347 BC) also emphasised the humane treatment of PWMI, in particular arguing that PWMI should not be held accountable for their criminal actions and, therefore, should not be

¹ In order to reflect the perspectives of the time, I have used terms that were common parlance for the day. In today’s society, many of these expressions are no longer accepted descriptions for mental illness or designations of PWMI and, in fact, are often considered pejorative, offensive, and stigmatising. For this reason, any use of the terms “insanity”, “madness”, “lunacy”, “mental patient” and their derivatives should be considered to be within parentheses.

punished in accordance with 'normal' laws (Prins, 1989). Through the Punic wars (264–146 BC), the Romans came to dominate much of the civilised world. While Rome itself produced few notable physicians, advances in scientific and moralistic thinking about mental disorder continued during this period as a result of physicians steeped in Greek tradition (Alexander & Selesnick, 1967; Mora, 1980; Roccatagliata, 1986; Romm & Friedman, 1994).

The time period expanding the Fifth and Eleventh centuries B.C. (i.e., from the fall of Rome to the beginnings of the Renaissance) is referred to as the 'Dark Ages' of Western civilisation. By the beginning of the Third century, attacks from barbaric tribes, famine, and major plagues had brought about the collapse of the Roman and Greek Empires (Alexander & Selesnick, 1967; Roccatagliata, 1986; Romm & Friedman, 1994). Uncertainty and insecurity followed, and the Church became a focal point of social stability in these difficult times (Mora, 1980; Roccatagliata, 1986; Romm & Friedman, 1994). On regaining social control, the Church was quick to re-institute old spiritual models of demonology to explain psychiatric morbidity (Alexander & Selesnick, 1967; Colp, 1989; Mora, 1980; Roccatagliata, 1986). The idea that insanity was due to demonic possession is thought to have passed into the early Church through Biblical linkages of madness and devil possession, including theological beliefs that mental illness represented punishment by God or deliberate association with the devil.

During the Thirteenth century, the Church suffered philosophical attack from many quarters, and desperately sought to align itself with something that would serve to ensure the survival of Christian dogma. Under the influence of the Church, the culture of witchcraft, which had risen and spread rapidly against the background of intense superstitious belief, became a scapegoat for the widespread disease, famine, and public unrest that ravaged society at that time (Roccatagliata, 1986; Romm & Friedman, 1994; Schneck, 1960). At the end of the Fourteenth century, the ideology of the mass movement

of 'witch-hunting' was formally codified when two Dominican monks produced an instruction manual on witch-hunting entitled the '*Malleus Maleficarum*' ('The Witches' Hammer') (Mora, 1980; Prins 1989). Among the behaviours and signs identified in the manual was the decree that sudden loss of reason constituted a symptom of demonic possession. There is little doubt that many individuals deemed to be without 'reason', during this period, were actually suffering hysteria, mania, and various delusions and hallucinations. However, the argument that the majority of individual's accused of witchcraft suffered some form of mental disorder is strongly challenged by many contemporary historians (i.e., Fabrega, 1991).

The period of the Fifteenth to Seventeenth centuries is often referred to as the era of "The Great Confinement" (Foucault, 1965). Initially, confinement to asylums was not reserved exclusively for PWMI, as madness was seen as largely undifferentiated from such conditions as idleness, drunkenness, and vagrancy, which society condemned or sought to correct by the power of the state (Fabrega, 1991; Foucault, 1965; Mora, 1980). In the Seventeenth century, the monastery of *St. Mary of Bethlehem* (later contracted to *Bedlam*) in London was turned into an asylum for the mad (Mora, 1980; Romm & Friedman, 1994). Unfortunately, the development of institutions exclusively for the mentally ill did not presuppose more humane and effective treatment efforts. Asylums were overcrowded, cells were damp, dark, and filthy with excrement, and patients were often inadequately clothed or naked, restrained by chains, flogged or left starving. Such treatment was consonant with prevailing social beliefs that the mad were dangerous animals that had no common bond to the rest of humanity (Alexander & Selesnick, 1967; Roccatagliata, 1986). Moreover, throughout the Eighteenth and Nineteenth centuries it became customary for many asylums to put the insane on public display for the observation and amusement of paying crowds (Colp, 1989; Mora, 1980; Romm & Friedman, 1994).

A cornerstone in the evolution of care and treatment of PWMI was the work of French physician, Philippe Pinel (1745–1826), who, in 1793, was placed in charge of the Parisian hospital system. In his capacity as asylum director, Pinel contended that inmates should be released from their restraints and treated with compassion and dignity. At the same time as Pinel's pioneering work in France, similar systems of moral therapy were being instituted in England by a Quaker named William Tuke (1732-1819) and in the United States by physician Benjamin Rush (1745–1813). As a consequence of these humanitarian efforts, the Nineteenth century bore witness to a systematic improvement in public and political awareness about the inhumane treatment practices accorded to the insane. In rationalising their efforts to eliminate inhumane and brutal treatment of the insane, Pinel and other reformers sounded one main theme - that madness is a disease (Colp, 1989; Mora, 1980; Romm & Friedman, 1994). Holding to this assertion, they transformed the conception of asylum inmates from one of prisoner to patient.

Towards the turn of the Twentieth century, research was increasingly conducted within the strict framework of the *medical model* of mental illness (Colp, 1989; Mora, 1980; Romm & Friedman, 1994). Sigmund Freud (1856–1939), however, attempted to explain the symptoms of mental illness from the context of psychogenic causes. Freud successfully realised through his study that neurophysiological and psychological causes need not be distinct. 'Mental hospitals' also became increasingly widespread during the first part of the Twentieth century, housing the large majority of chronic, long-term psychiatric patients (Colp, 1989; Mora, 1980). Improved pharmacological treatment and increasing concerns about the restrictive nature of mental hospital confinement later precipitated a return to the community for many patients in a process known as 'de-institutionalisation' (Prins, 1989). Unfortunately, inadequate planning for the support and maintenance of de-institutionalised patients led to a sub-population of individuals living in the community who were ill equipped to deal with life on their own (Romm & Friedman,

1994). Often without medication, food, shelter, and other social supports, some of these newly integrated patients displayed erratic, occasionally violent behaviour toward themselves or others in the community (Mora, 1980).

In recent years, many commentators have argued that de-institutionalisation should be accepted as a social failure and that a policy of 're-institutionalisation' should be implemented. Proponents of the community psychiatry process, on the other hand, argue that the major obstacle to successful community care is community prejudice and discrimination (Dubin & Fink, 1992; Farina, Fisher, & Fischer, 1992; Link, Cullen, Mirotznik, & Struening, 1992). Indeed, despite the compelling medical/scientific rationale that has recently been brought to bear on our understanding of mental illness, even in the Twenty-First Century mental illness remains a confusing, controversial, and complex social issue. It is argued that the long-standing misguided schism between mental health/illness and physical health/illness is reinforced through the ongoing separation of mental health treatment systems from mainstream health care (Prins, 1989). However, stigmatising attitudes of the general public appear to remain the most significant social burden faced by PWMI.

Mental illness stigma not only affects the manner in which members of the community treat this population at the individual level, but also influences the "formal laws and policies by which society attempts to control the behavior of disordered people and to regulate the provision of mental health care" (Monahan, 1992, p. 511). Moreover, in addition to the pernicious effects of social rejection, discrimination, and below standard care that arise as a result of mental illness stigma, the internalisation of societal stigma can lead to such personal consequences as a reluctance to seek appropriate psychiatric care, nondisclosure of one's personal status to others, and negative psychological states (e.g., low self-esteem, self-blame, and self-loathing) (Philo, 1996). Therefore, isolating the historical and cultural roots of public perceptions about mental illness and PWMI remains a focal

point for those professionally and personally invested in improving public understanding about, and, ultimately, stigmatising social policies and practices towards, this population. Understanding the cultural representations that regulate and motivate public perceptions, attitudes, behaviours, and emotions towards PWMI provides mental health proponents with specific educational targets.

Contemporary Opinions and Beliefs about People with Mental Illnesses

It was during the 1950's that public beliefs about PWMI were first systematically and scientifically investigated. In one of the earliest and most extensive studies undertaken in this area, Jum Nunnally (1961) conducted a six-year long survey to explore how the general public view PWMI. Using a semantic differential scale, Nunnally asked a sample group taken from members of the general public to rate terms such as "neurotic man or woman", "insane man or woman", and "normal man or women". Nunnally found that, relative to "normal" people, respondents assigned less socially desirable traits to "insane" people, viewing this group as more 'dangerous', 'dirty', 'cold', 'worthless', 'unpredictable', and 'insincere'. On the basis of his results, Nunnally (1961) concluded that a 'negative halo' pervades public perceptions of PWMI.

Using similar methodology, Nunnally and Kittross (1958) found that the "mental patient" concept was rated as 'unpredictable', 'weak', 'dangerous', 'tense', 'complicated', 'twisted', and 'undependable', while Jones and Cochrane (1981) reported that character adjectives used to describe the stereotypical person with mental illness (e.g., 'unsophisticated', 'irritable', 'undependable') were less favourable than those used to describe "normal" men and women. A number of studies have examined beliefs about PWMI through studies of social group comparisons. Lietz (1981), for example, reported that respondents ranked 30 social categories or conditions, ranging from "professional" and

“middle-aged person” to “murderer” and “rapist”, in terms of their desirability as a friend. The category “emotionally disturbed person” was ranked above “murderer”, “rapist”, “robber”, and “drug pusher”, but below “retarded person”, “epileptic”, and “physically handicapped”.

In similar research, PWMI have been rated by different respondent groups alongside drug addicts, prostitutes, and ex-convicts, rather than cancer, diabetes, and heart-disease sufferers, in terms of their social desirability (Albrecht, Walker, & Levy, 1982); as one of the least socially desirable ‘disabled’ groups (Bowman, 1987); as a less acceptable social group than “ex-convicts” (Lamy, 1966); and as less able to function in the community, less desirable as friends, less acceptable as club members, and less acceptable as neighbours than medical patients.

One of the most consistent patterns of findings emerging from research into public beliefs about PWMI has been the public’s expectation of danger and unpredictability among the mentally ill population. Indeed, researchers have observed that a significant proportion of the community view PWMI as more dangerous (e.g., Borinstein, 1992), and as more likely to be violent (e.g., Appleby & Wessely, 1988), than non-mentally disordered members of the general population. Steadman and Coccozza (1977-78; 1978) examined public perceptions of the concepts “mental patient”, “criminally insane”, and “most people” and found that respondents conceptualised “mental patients” as significantly more unpredictable, dangerous, tense, harmful, and violent than “most people”; notions of danger, harm, and violence were even more pronounced for the “criminally insane” group.

Crumpton, Weinstein, Acker, and Annis (1967) asked respondents to rate a number of concepts, including “mental patient”, “normal person”, “sick person”, and “dangerous person”, on a number of bipolar adjectives. Respondents were found to ascribe attributes to the “mental patient” designation (e.g., ‘foolish’, ‘unusual’, ‘slow’, ‘cruel’, ‘weak’, and ‘ugly’) that most closely resembled those attributed to the “dangerous person”, rather than

the “sick person”. A 1993 *Parade* magazine survey reported that 57 percent of respondents indicated a belief that PWMI were more likely to commit acts of violence than other people (American Psychiatric Association, 1996), while a 22-year follow-up study (Greene, McCormick, Walkey, & Taylor, 1987; Greene, Walkey, Taylor, & McCormick, 1987) found that the characteristics of ‘unpredictability’, ‘tenseness’, and ‘dangerousness’ had remained prominent and stable in the public stereotype of PWMI over the study period.

Dangerousness has also been identified as a common trait in conceptions of PWMI among other community groups. Foster, Beck, and Wright (1986) found that 76 percent of school age adolescents (aged 14 to 16) considered violence to be the major feature of psychiatric patients, while Callan, Wilks, and Forsyth (1983) reported that high school students tended to hold a rather narrow concept of PWMI, perceiving them as largely disruptive and violent in nature. Fryer and Cohen (1988) used an adjective checklist to examine the extent to which a psychiatric label affected perceptions among psychiatric hospital employees. Respondents were found to attribute more socially undesirable traits to psychiatric patients than medical patients, rating them as less dependable, less clear thinking, and more irresponsible.

Of some interest is the finding that persons with a history of psychiatric illness tend, themselves, to evaluate people with experiences of mental illness in a negative fashion. For example, when asked to rate the concept “insane man”, a group of male psychiatric inpatients and a comparison sample of community respondents endorsed similarly unfavourable traits, including ‘bad’, ‘cold’, ‘dangerous’, ‘unpredictable’, and ‘worthless’ (Giovannoni & Ullman, 1963). Interestingly, patients’ ratings of the concept “me” were significantly more favourable than those given to ‘insane man’.

In an alternative approach to examining public beliefs regarding the putative dangerousness of PWMI, Pasewark, Seidenzahl, and Pantle (1981) asked respondents to estimate arrest rates for male state hospital admissions across 15 different offence

categories. Estimates were obtained from a variety of respondent groups, including mental health professionals and aides, law enforcement officials, college students, legislators, and community residents. In comparing mean group estimates with the actual arrest rates for the general male population and state hospital patients, all groups were found to significantly overestimate the arrest rates of psychiatric patients. College students, police officers, and community residents all estimated a higher incidence of homicide, rape, and other sexual offences, while college students and community residents further suspected higher rates for aggravated assault and possession of a dangerous weapon.

Contemporary Attitudes towards People with Mental Illnesses

One method widely employed by attitude researchers has been to measure people's willingness to engage in social relationships with members of a particular group; that is, the level of social distance they wish to keep between themselves and a particular out-group. In 1959, Whatley published the results of a study in which such a scale was administered to a stratified sample of 2,000 Louisiana residents. Whatley reported that respondents showed least preference for social interaction with former psychiatric patients in the most intimate situations, but tended to be more accepting of these individuals as the situation became more impersonal. For example, compared to only 15 percent of respondents' willing to hire a person with a history of mental illness as a babysitter, 68 percent did not oppose the idea of living near such a person (Whatley, 1959).

A number of other studies have demonstrated similarly higher social distance preferences towards PWMI when the interpersonal situation is more intimate. Bowman (1987), for example, noted that whereas only a relatively small portion of his sample was willing to room with (23 percent), date (25 percent), or marry (20 percent) a person with a mental disorder, 80 percent stated that they would be prepared to work with the same

individual. Avrim and Segal (1973) reported a higher willingness among members of the public to live next to a former hospitalised psychiatric patient rather than to room with one, while a study of Dunedin residents (Ng, Martin, & Romans, 1995) found that even though a significant majority of the sample were willing to have a person with a mental illness as a co-worker (97 percent) or neighbour (71 percent), only one-third (31 percent) felt comfortable with the thought of having a son or daughter-in-law who had a history of psychiatric treatment.

Although such studies appear to indicate that public attitudes are more likely to be favourable toward PWMI when the interpersonal context is less intimate, results from a study by Phillips (1963) offer an important caveat to these findings. In his study, Phillips found that attitudinal distance reduced as people moved from viewing psychiatric patients as 'no acquaintance' to 'friend' to 'family'. This data suggests that more socially intimate contexts are only likely to increase social distance preferences when they involve the general public's response to PWMI as an out-group, rather than as family members.

It is noteworthy that each of the studies documented above were performed using North American populations. However, given that culture is known to strongly influence attitudes (Levine, 1972), it cannot be assumed that such findings extrapolate to other, even similar, cultures. For that reason, surveys into public attitudes towards PWMI have been carried out among population samples of other Western and non-Western societies, including Scotland (e.g., Maclean, 1969), Hong Kong (e.g., Chou, Mak, Chung, & Ho, 1996), Germany (e.g., Angermeyer & Matschinger, 1997), England (e.g., Wolff, Pathare, Craig, & Leff, 1996a), Israel (e.g., Rahav, Struening, & Andrews, 1984), Nigeria (e.g., Binitie, 1970), Ireland (e.g., O'Mahoney, 1979), and Greece (e.g., Madianos, Madianou, Vlachonikolis, & Stefanis, 1987). Together, the findings of these studies strongly suggest that negative views toward PWMI are not solely an artefact of North American culture.

In a New Zealand study, Blizzard (1970) recruited a sample of community members considered to be representative of the urban population of this country. Respondents were presented with five case vignettes describing behaviours for various individuals (i.e., “normal person”, “neurotic”, “simple schizophrenic”, “alcoholic”, and “paranoid schizophrenic”) as well as the help source they had been consulting (i.e., no treatment, priest, psychiatrist, and mental hospital). Respondents then completed a social distance scale for each characterisation. Results indicated that compared to “normal” and “neurotic” persons, “simple schizophrenic” and “paranoid schizophrenic” patients were significantly less accepted across a range of interpersonal situations, regardless of the help source. Unfortunately, while a small number of studies have investigated community attitudes toward PWMI in New Zealand communities, none of these have specifically undertaken to explore or differentially report the attitudes among Maori or Polynesian respondents.

Attitudes toward PWMI have, however, been studied among more distinct sub-populations within communities. Harrow, Fox, and Detre (1969), for example, studied the attitudes of 26 married psychiatrically hospitalised patients, their spouses, and a control group toward the concepts “patient”, “patient’s spouse”, and “ordinary average person”. Attitudes were rated using 50 items and tested over two discrete time-periods (a week and a half following hospitalisation and then again seven weeks later). At the initial testing period, all respondent groups’ ratings of “patient” were markedly different from, and significantly more negative than, the corresponding ratings for “patient’s spouse” and “ordinary average person”. At the end of the seven weeks, however, patients and their spouses were found to rate the concept “patient” more favourably, though there was still a tendency for both groups to rate “patient” more negatively than “patient’s spouse”.

Lawrie et al. (1998) administered a sample of general practitioners one of four case vignettes that differed only in whether the patient was depicted with a past history of schizophrenia, depression, diabetes, or no previous medical problem. In general, the case

descriptions of the person with schizophrenia produced the most negative reactions, with GPs found to be both least willing to have this individual on their practice lists and most concerned about the potential violence risk of this person. Negative attitudes toward PWMI have also been found in a number of additional professional and non-professional groups, including police officers (e.g., Lester & Pickett, 1978), teachers (e.g., Rabkin & Suchoski, 1967), prison officers (e.g., Kropp, Cox, Roesch, & Eaves, 1989), occupational therapy students (e.g., Lyons & Hayes, 1993), and psychiatric volunteer workers (e.g., Vernallis & St. Pierre, 1964).

Behaviour towards People with Mental Illnesses

In addition to beliefs and attitudes, another way in which public understandings of, and reactions towards, PWMI have been investigated is by way of individuals' behavioural responses. Page (1983), for example, found that a confederate who disclosed a previous psychiatric illness to potential landlords had significantly greater problems acquiring housing (27 percent) compared to when no such information was offered (83 percent). People with a history of mental illness have also been reported to experience problems entering academic study (e.g., Dovidio, Fishbane, & Sibicky, 1985) or training (e.g., Oppenheimer & Miller, 1988) programmes if their psychiatric history is revealed. In occupational settings, it has been found that people with a history of psychiatric treatment tend to be viewed as "poor prospects as workers and are unlikely to be hired" (Farina & Felner, 1973, p. 269), are less likely to be positively evaluated or recommend for a position by co-workers (e.g., Farina, Felner, & Boudreau, 1973). In addition, Farina and Ring (1965) reported that when a respondent believed that a colleague suffered a history of psychiatric illness, they preferred to work alone rather than with that individual, and were also more likely to blame the mentally ill colleague for inadequate joint performance.

Page (1980) used Milgram's "lost letter" technique to examine the wider social effects of a mental illness label. Page's (1980) study involved distributing 'lost' letters, either written by or for a currently hospitalised psychiatric patient, around a number of public places, and then measuring the public's willingness to forward the letters on. Interestingly, Page (1980) found that even though the general public did not forward on significantly fewer letters written by or to a psychiatric patient than control letters, letters dropped on the grounds of a psychiatric hospital were almost six times less likely to be mailed compared to when they were lost in public places.

A number of studies have investigated mental health consumers personal experiences of the social consequences associated with having a mental illness. In a 1989 study by Wahl and Harman, 487 members of the National Alliance for the Mentally Ill (NAMI) were surveyed concerning their views on the way a mental illness label affects PWMI. This survey revealed that 64 percent of PWMI had experienced difficulties obtaining employment while 41 percent had problems finding a place to live. Wahl (2000), similarly, reports the results of a survey conducted across five countries about mental health consumers' experiences of discrimination. Among the most commonly reported discriminatory experiences described by respondents were their treatment as less competent by others (36 percent), social rejection or avoidance due to the illness (26 percent), and being told to lower their expectations in life (28 percent). Respondents further indicated that they had been excluded from volunteering (26 percent), denied housing (19 percent), and refused access to health insurance coverage (29 percent) on account of their mental illness.

Social Representations of People with Mental Illnesses

Given the focus of the present research as primarily an investigation into the social representation of PWMI, it would be remiss not to highlight earlier work in the area of

mental illness that has been undertaken using this theory. Such a review must surely take as a starting point the findings obtained by Jodelet (1991), who provides a detailed description of the representations of PWMI shared by a small community in rural France. Jodelet's work describes a French village with a long-established policy of community psychiatric care, where patients reside as lodgers with families in the community rather than as patients in psychiatric hospitals.

Jodelet used traditional attitude measures, as well as an extended period of ethnographic observation, in an attempt to understand the social representations of villagers. Two of the central themes she observed in her research were representations of PWMI as 'threatening' and the fear of madness as 'contagious'. Jodelet claimed that in the face of an unknown and unpredictable aspect of human life, villagers established and maintained a psychic "separateness" and social distance from the 'mentally ill lodgers' by enacting rituals of exclusion, and by representing the lodgers as inherently different and other. For example, Jodelet reported that villagers were highly critical of lodgers' hygiene, that clothes of the lodgers' were washed separately, that families often ate separately from lodgers, and that lodgers' cleaning utensils were kept apart from those of the family. Jodelet interpreted these exclusionary routines as psychological mechanisms for managing families' fears and anxieties both about the potential threat posed by PWMI and of being contaminated by their madness.

De Rosa (1987) investigated the social representations of mental illness held by Italian children and adults by asking respondents to draw a figure of a "madman". Thematic analysis of the drawings revealed a range of models of madness. However, madness was most commonly objectified through images of PWMI as magical-fantastical, monstrous, and socially deviant, with the "madman" frequently drawn as a mythological figure, possessed by evil forces, a drunk, a drug-addict, handicapped, sick, a clown, and a criminal. Zani (1993, 1995) reported a set of findings regarding the perceptions of psychiatric

patients among lay people, university students, children, shopkeepers, and mental health professionals in Italy. Using *ad hoc* questionnaires, free association tasks, open-ended interview questions, and social distance scales, Zani found that different social groups held broadly similar representational fields about PWMI, including images of abnormality, dangerousness, unpredictability, and aggression.

Risk of Violence by People with Mental Illnesses

The studies highlighted above indicate that public understandings of PWMI have been considered from a number of different perspectives, including public opinion research, social attitude work, behavioural studies, and social representations theory. Taken together, these findings point towards four major conclusions. Firstly, the general public possess largely unfavourable, unsympathetic, and intolerant attitudes toward PWMI. Secondly, PWMI are generally regarded with fear, dislike, and suspicion by others in the community. Thirdly, the public act in discriminatory and rejecting ways towards PWMI. Finally, the public hold negative, stereotyped conceptions and expectations about PWMI, with the stereotypical image of the ‘mental patient’ commonly characterised by traits of abnormality, unpredictability, difference, and, particularly, danger (Miles, 1981).

Indeed, it is readily apparent from this research that mental illness and violence are closely linked in the public mind. In fact, so prominent is the public’s assumption of danger posed by PWMI that Monahan and Arnold (1996) have suggested that, “[the] public perception that mental illness is strongly linked to violence is the most damaging stereotype faced by the mental health community” (p. 67). This statement is predicated on the notion that the public’s evaluation of, and tolerance to PWMI, is largely regulated by their expectations about the perceived dangerousness of such persons. The obvious question,

therefore, is whether the popular public stereotype of PWMI as dangerous and violent is actually accurate?

Over the last decade, a number of lines of evidence (population-based studies, follow-up studies of psychiatric outpatients, and the study of unselected birth cohorts), have informed contemporary understandings of the relative risk of violence posed by PWMI. On the strength of the data emerging from these studies, it appears that only a modest statistical relationship exists between mental illness and violent behaviour (i.e., Hodgins, 1995; Hodgins & Côté, 1993; Monahan, 1992, 1993; Mullen, 1991; Mulvey, 1994; Torrey, 1994). Moreover, findings indicate that the vast majority of people who suffer a serious mental illness are not violent and that the significant majority of persons who are violent do not suffer from a mental disorder. Even when an association between mental illness and violent behaviour has been found, any elevated 'risk' has been restricted to a small subset of patients with severe and persistent disorders and symptom constellations (e.g., Häfner & Böker, 1973; Wessely & Taylor, 1991).

With regard to mental disorder as a risk factor for homicide in particular, a number of national studies into acts of homicide by PWMI report that the great majority of people convicted of homicides are not experiencing symptoms of mental illness at the time of their offence. (e.g., Appleby et al., 1999; Gottlieb, Gabrielsen, & Kramp, 1987; Petursson & Gudjonsson, 1981; Taylor & Gunn, 1984; Wallace, 1986). In addition, there is no evidence to suggest that PWMI are over-represented in especially tragic and high profile crimes of extreme and bizarre violence, such as mass or serial murders/killings (Holmes & De Burger, 1988). 'Mass murder,'² for example, has become an increasingly common phenomenon in many countries, including New Zealand. Since 1990, eleven mass murders

² The term 'mass murder' is used to designate an offence in which four or more homicides are committed in proximate events in a civilian setting (Ressler & Schacter, 1992)

have been committed in New Zealand³ and Australia⁴. However, in eight of these cases the perpetrators had no reported history of psychiatric illness, with only one of the six offenders put on trial for their actions formally acquitted of the murder charges on the grounds of insanity. In reporting on cases of serial murder⁵, Myers, Reccoppa, Burton, and McElroy (1993) similarly note that less than 20 percent of serial murderers have a history as a psychiatric patient.

The Mass Media and Public Perceptions of People with Mental Illnesses

In light of the above, why does such a clear association with violent behaviour continue to surround PWMI in the public consciousness? There is little doubt that familial, peer, and educational forces, as well as direct observation or intimate contact contribute to an individual's opinions, beliefs, and attitudes about social phenomena (Asch, 1987). However, the last 70 years have witnessed growing interest in the role of the mass media as a socialising agent in modern society. In fact, the mass media is now widely considered to be the most powerful contemporary social agency in the dissemination of knowledge and understanding about the wider social world. However, there is also growing belief that the media serves a function beyond simply disseminating information and entertainment to a waiting public (e.g., Cohen, 1963; Cohen & Young, 1973; DeFleur & Ball-Rokeach, 1989; Fowler, 1991; Gerbner, Gross, Morgan, & Signorielli, 1980; Lippmann, 1922; McCombs &

³ David Gray (1990: killed fourteen people and wounded three in Aramoana before being killed by police), Brian Schlaepfer (1992: killed seven people in Paerata before killing himself), Raymond Ratima (1992: killed seven members of his own family in Masterton), David Bain (1995: convicted of killing five members of his family in Dunedin), and Stephen Anderson (1997: killed seven people and wounded four in Raurimu).

⁴ Paul Evers (1990: killed five people in Surrey Hills, NSW), Wade Frankum (1991: killed eight people and wounded seven in Strathfield, NSW, before killing himself), Malcolm Baker (1992: killed six people and injured one in Terrigal, NSW), Leonard Leabeater (1993: killed six people in Cangai, NSW, before shooting himself), Peter May (1996: killed seven people in Hillcrest, QLD, before killing himself) and Martin Bryant (1996: killed 35 people and wounded nineteen in Port Arthur, TAS).

Bell, 1996). Newspapers, books, radio, television, movies, e-mails, and other mass mediated forms of popular culture are thought to play an increasingly central role in how people come to construct and interpret the nature of their 'social reality'.

Research findings have shown that the media influences attitudes towards drug use (e.g., Feingold & Knapp, 1977), health behaviours (e.g., Breed & DeFoe, 1981), aggressive behaviour (e.g., Drabman & Thomas, 1975), and occupational roles (e.g., McLaughlin, 1975), as well as promote stereotypical thinking about such groups as women (e.g., Mayes & Valentine, 1979; McCarthur & Resko, 1975), the elderly (e.g., Aronoff, 1974; McContha, Schnell, & McKenna, 1999), and minorities (e.g., Greenberg, 1972; Meyer, 1976). In addition, attitudes and beliefs shaped by the mass media have been shown to translate into actual behaviour. For instance, viewing television violence has been found to have a significant effect on violent and aggressive behaviour (e.g., Anderson & Bushman, 2001; Centerwall, 1989), and suicidality (Hawton, 1995; Simkin, Hawton, Whitehead, Fagg, & Eagle, 1995).

It is this capacity to influence social knowledge that makes the mass media, as the greatest source of information about PWMI and mental health issues for the wider community (e.g., Borinstein, 1992; Cram, Reid, Panapa, & Keefe, 1997; Daniel Yankelovich Group, 1990; Kalafatelis & Dowden, 1997; Lopez, 1991; Philo, 1996; Steadman, 1981; Wahl, 1995; Wahl & Roth, 1982), of considerable interest for mental health advocates, consumers, and researchers. Indeed, families and friends of mental health consumers (Wahl & Harman, 1989), as well as many commentators in the field (e.g., Drickey, 1990; Lazar, Gabbard, & Hersh, 1993; Linter, 1979; Steadman, 1981; Wahl, 1980, 1992, 1995), appear convinced that the popular media plays a significant role in the formation and maintenance of negative social stereotypes of PWMI.

⁵ The term 'serial murder' is used to designate an offence in which the perpetrator kills two or more victims in incidents that are geographically and temporally unrelated (Holmes & De Burger, 1988).

This belief is sustained, and strengthened, by the increasingly persuasive body of empirical research that purports to show evidence concerning the influence of media depictions on public perceptions of PWMI. Over the years, studies have compared the mental health opinions of experts and general public with the images portrayed in the mass media (e.g., Nunnally, 1961; Scheff, 1963b); examined public attitudes prior to, and following, widely publicised incidents involving PWMI (e.g., Angermeyer & Matschinger, 1996; Appleby & Wessely, 1988); and investigated the impact of controlled media presentations on respondents' perceptions of PWMI (e.g., Domino, 1983; Thornton & Wahl, 1996; Wahl & Lefkowitz, 1989). Together, these studies suggest that the media has the power to strongly influence emotional, attitudinal, behavioural, and cognitive responses to PWMI.

Therefore, in accepting that the mass media is a powerful medium for framing public perceptions, an analysis of media representations of PWMI is of particular contemporary interest due to the potential of these representations to influence policy debates and social agenda issues concerning PWMI, and as a means to further understand how media images reinforce and/or challenge existing representational systems. Before introducing the study proper, the following section will undertake to review research into the nature of entertainment and news media depictions of PWMI.

Media Portrayals of People with Mental Illnesses

Research indicates that in modern culture, mental illness and PWMI are relatively commonplace in the popular media. In an analysis of prime-time television, Wahl and Roth (1982) found that almost one-third of programmes contained some reference to mental illness, one-fifth contained minor reference to mental illness, while one in eleven programmes featured a character with a recognisable mental disorder. These results are

consistent with the findings of two similar analyses of prime-time television programmes over an 11-year period (Gerbner, 1980) and a 26-year period (Signorielli, 1989). There is also evidence that the frequency of mental illness themes and PWMI in the media is increasing over time (e.g., Byrd & Pipes, 1981; Hyler, 1988; Wahl & Kaye, 1992).

In the first concentrated study of the nature of media presentations of PWMI, Nunnally (1961) used trained raters to sample a wide variety of television and film presentations and apply specific adjectives to PWMI depicted in the media. Nunnally (1961) reported that PWMI were most popularly characterised by such adjectives as 'active', 'strong', 'unpredictable', and 'dangerous', and, consequently, concluded that the media attend disproportionately to the bizarre and exceptional symptoms of PWMI. Along the same lines, Taylor (1959) reported that among the most frequent depictions of mental illness is the image of PWMI as looking and acting differently from 'normal' members of society.

Examining prime-time television presentations of PWMI, Wahl and Roth (1982) reported that characters with a psychiatric history tended to have no specific occupation or family connections (i.e., they are unmarried or of unspecified marital status). It was suggested that portraying characters with mental illness on television without an observable "social identity ... can only add to the public's tendency to view the mentally ill as a special, distinct and probably inferior, class of people" (Wahl & Roth, 1982, p. 604). In addition, this study found that prime-time television characters depicted with a mental disorders were most likely to be described as 'active', 'aggressive', 'unpredictable', 'dangerous', and 'confused'. Signorielli (1989), likewise, reported that of those characterised with a mental illness, 72 percent hurt or killed others (compared to 42 percent of all characters), 22 percent were portrayed specifically as a killer (9 percent of all characters), and 76 percent were hurt or killed (44 percent of all characters). Furthermore, psychiatric patients were most likely to be portrayed as a 'bad' character type and least

likely to be portrayed as a 'good' character type, while over two-fifths were depicted as 'failures' compared to less than one-fifth of all characters.

This prime-time television image of PWMI as markedly bizarre, dangerous, and violent has been further documented by a number of other American (e.g., Diefenbach, 1997; Goldstein, 1980, cited by Defleur & Dennis, 1988; Gerbner, Gross, Morgan, & Signorielli, 1981; Townsend, 1992) and British (e.g., Philo, 1996; Rose, 1998) researchers, and has recently been supported by the findings from a New Zealand study (i.e., Wilson, Nairn, Coverdale, & Panapa, 1999). This study involved extensive analysis of 14 prime-time television programmes over a one-year period, from which the authors identified a number of themes common to television depictions of characters with mental illness. According to the authors, half of all characters with mental illness were constructed as 'dangerous-aggressive', 'simple/childlike', 'unpredictable', or 'failures/unproductive'.

Negative depictions of PWMI are not restricted to dramatic prime-time television. Daytime serial dramas (e.g., Cassata, Skill, & Boadu, 1979; Fruth & Padderud, 1985), for example, have been found to frequently characterise PWMI as 'dangerous' and 'different' in appearance, while motion pictures also depict psychiatric patients in stereotypical ways. A study by Gerbner and Tannenbaum (1960) highlighted the socially marginal status of film characters with mental illness, with only 56 percent portrayed as having an occupation, of which one-third were "actively employed" as criminals. Hyler, Gabbard, and Schneider (1991) described six common stereotypes for psychiatric patients in films - the 'rebellious free spirit', 'homicidal maniac', 'enlightened member of society', 'seductress', 'narcissistic parasite', and 'zoo specimen' – but, unfortunately, provided no rationale for the selection of these categories or even their method of analysis. Results from a chronology of New Zealand and Australian films with psychiatric themes (Rosen, Walter, Politis, & Shortland, 1997) also point to a cinematic preoccupation with idiosyncratic psychiatric characters. However, this study suggests that Antipodean films are generally compassionate and

sensitive in their handling of psychiatric issues, placing greater emphasis on more realistic, character-driven portrayals.

The news media appears to represent PWMI largely along the same lines as the entertainment media. Two content analyses of German newspapers revealed that in one out of every three relevant articles PWMI were described as aggressive (Fuchs, Lamneck, & Tretter, unpublished, cited in Angermeyer & Matschinger, 1996), and in every fifth article as a murderer (Reisbeck, 1976, cited in Angermeyer & Matschinger, 1996). In 1999, Smellie noted that almost two-thirds of newspapers articles analysed over a six-week period connected PWMI with issues of dangerousness, violence and other criminal acts.

In a study published in 1991, Shain and Phillips reported the results of two separate analyses of newspaper accounts of PWMI. The first involved 210 United Press International wire service stories appearing in 1983, and the second used 43 American newspaper stories published in 1988. In the 1983 sample, 147 individuals presented in the articles were identified with a history of psychiatric illness, of which 80 percent were linked to violent crime, most typically murder or mass murder. In addition, PWMI were also depicted as “looking and acting differently” in 75 percent of stories, and as “not very worthwhile” in 45 percent of stories. By way of contrast, only 3 percent of people identified with mental disorder were portrayed as contributing to society.

In the second analysis, Shain and Phillips (1991) reported a less extreme focus on violence (37 percent of stories), with helplessness (21 percent) and homelessness (12 percent) emerging as new themes. Despite the lower rate of mental illness-related crime stories in this sample, it was concluded that, “... both sets of stories clearly associated the mentally ill, mental patients, and former mental patients with violent crime, reaffirming a cultural stigma of dangerousness and unpredictability” (Shain & Phillips, 1991, p. 69).

A study into Canadian newspaper articles likewise noted that PWMI were most popularly presented as violent (84 percent), dangerous (95 percent), unpredictable (86

percent) socially dependent on others (76 percent), and unproductive society members (88 percent) (Matas, el-Guebaly, Harper, Green, & Peterkin, 1986). In another Canadian study, Day and Page (1986) used independent judges to rate 103 Canadian newspaper reports relating to mental health issues and 18 articles from two mental health publications for tone and ideology, with the latter sample included as a comparison group. In general, the results indicated a significantly higher proportion of negative statements and images relating to mental illness in articles from the newspaper group when compared to the control publications. The most common traits used to describe PWMI included 'dangerousness', 'unpredictability', 'dependency', 'unsociability', and 'transience'.

Hazelton (1997) carried out an analysis of 490 news reports related to mental health issues drawn from two Australian newspapers. Following quantitative and interpretative analyses, articles were separated into five semantic domains: the bizarre and curious; medical-scientific marvels; moral tales; disorder, crisis, and risk; and lay wisdom and common sense remedies. Of these, mental health stories framed in the context of 'disorder, crisis, and risk' were found to predominate. In another Australian study, Williams and Taylor (1995) reported that 71 percent of newspaper references to PWMI described such persons as 'aggressive', 'violent', 'dangerous', and 'destructive', while only 3 percent described PWMI in a positive manner. The findings of Philo (1996) suggest that compared to light-hearted or comic images, or stories about how to 'cope' with mental illness, stories focusing on a link between mental illness and violence have a much high prevalence in the news media. Moreover, it has been reported that even non-sensational news reporting conveys an impression that PWMI are dangerous, unpredictable, and threatening (Allen & Nairn, 1997).

In response to growing claims by mental health consumers and advocates that the media plays a role in shaping discrimination against PWMI, the New Zealand Mental Health Commission (2000) carried out a systematic survey of 805 mental health-related

newspaper articles. The aim of this analysis was three-fold: firstly, to analyse and describe newspaper coverage of people with experience of mental illness; secondly, to identify “blind spots” and “shining lights” in this coverage; and, thirdly, to identify ways to improve coverage of PWMI. Scores of ‘positive’, ‘neutral’, or ‘negative’ were assigned to each article in terms of its subject matter, treatment of the subject matter, and nature of the headline. Articles were also considered for their ‘praise-worthiness’ (i.e., the content powerfully supports an accurate and positive image of PWMI) or ‘protest-worthiness’ (i.e., the content perpetuates misrepresentations, stereotyped beliefs, and prejudices towards PWMI). Overall, only one in eight clippings were assigned positive scores for their treatment of mental health issues, while subject matter and headlines received positive scores in, respectively, 19 percent and 7 percent of clippings. In addition, one in twenty clippings were deemed to be protest-worthy, while only one in fifty merited a praise-worthy rating. It was also specifically noted that one in five clippings referred to violence, with these clippings generally giving rise to negative subject matter, treatment, and headlines.

Framing the Present Study

Social Representations and the News Media

On the basis of the research findings documented above, there appears to be good evidence that modern Western representations of PWMI are deep-rooted, pervasive, and historically tenacious. Unfortunately, this representational field is also largely negative, characterised by perceptions of PWMI as abnormal, different, and dangerous, and associated with fear, rejection, and suspicion. Importantly, the mass media have been shown to reflect these predominant cultural representations of “madness” through

frequently unfavourable and unsympathetic depictions of PWMI that place particular emphasis on traits of dangerousness and unpredictability.

At the present time, debate continues in the empirical literature about how much the media influences public understandings of PWMI. Indeed, while media representations appear largely congruent with broader cultural representations, methodological limitations prevent any definitive predictive statements regarding the effects of media portrayals on audience opinions, beliefs, and attitudes. For this reason, exploring cognitive and social processes by which the media may create, shape, and sustain social stereotypes serves to add some theoretical coherence to the largely equivocal empirical picture of media influence.

As outlined earlier, SRT is concerned with the distribution of a representation in a given society and culture. It is argued that knowledge enters the social environment through a number of different social channels, including personal experience, cultural beliefs and practices, scientific knowledge, historically transmitted ideas, and theories and information presented in the mass communications media⁶. SRT particularly emphasises the role played by the mass media in generating, disseminating, and sustaining social representations. According to this perspective, representational material is circulated through the media, and in this process is assimilated and internalised by the culture in which it appears (Moscovici, 1984). Thus, analysing social representations not only involves sampling the content of

⁶ Before beginning the review proper, it is perhaps pertinent to first clarify the concept of a "mass communications media." Put simply, 'mass communication' represents a communicative message sent to a large body of people simultaneously. 'Mass mediated communication', therefore, is the exchange of messages through a channel of broad diffusion, with the 'media' component indicating that some mechanical or electronic instrument is interposed between the source of the message and the target audience (DeFleur & Ball-Rokeach, 1989; DeFleur & Dennis, 1988). In its present incarnation, the mass media encompasses an unprecedented range of media outlets, including print (i.e., newspapers, magazines, and books), electronic (i.e., television, film, and radio), and graphic (e.g., photography, painting, and sculpture), as well as more recent variants such as video, videogames, the Internet, DVDs, compact discs, and mini discs. Thus, mass media products are not only ubiquitous and heavily consumed by the public, they are now generally accepted as everyday 'facts of life'.

individual thought, attitudes, and behaviour, but also the content of other social institutions such as the mass media.

In emphasising the role of the mass media in constructing people's understandings of social reality, SRT holds the media's presentation of social phenomena as one of the main constitutive factors in sustaining public consciousness about these phenomena. News articles, in particular, which rely on widely disseminated social knowledge in order to be understood, are held to provide a rich source of information about social representations circulating in society at a given time. From the perspective of SRT, the news media is in a powerful position to influence the audience for the reason that people construct and interpret reality through language. Traditionally, the field of psychology, and social psychology in particular, has viewed language as a "medium which expresses and reflects pre-existing psychological and social realities" (Wetherall & Potter, 1988, p. 168). However, in recent times, this view has been challenged by the constructionist idea that language does not simply reflect or mirror the physical or social world, but rather organises and orders people's experiences of what is "out there" (Berger & Luckmann, 1966; Burr, 1995; Gergen, 1985, 1994).

Thus, instead of simply reflecting taken-for-granted knowledge and accepted versions of the truth and reality, talk and text are seen as highly constructed, context-dependent, and consequential social practices (Berger & Luckmann, 1966; Burr, 1995; Fairclough, 1989, 1992; Gergen, 1985). The selective use of language in news texts is, therefore, particularly important for the reason that it can direct and maintain representations about the world and its moral, cultural, social, political, economic, and technological affairs (Fowler, 1991).

In operating at the interface between scientific, medical, and community knowledge of mental health issues, the news media is an important site for exploring the diverse and complex cultural representations of PWMI that exist in modern society. The present study is, thus, designed to extend current understandings of the way that the news media anchors

representations of PWMI. The sample frame used in the present study offers an insight into the social representations circulating in the media during a period of crisis in mental health care in New Zealand. Moscovici (1984) argues that times of crisis and upheaval are particularly revelatory of the character of social representations. According to Moscovici, the fundamental dynamic when faced with a crisis is to form representations that protect the identity of the in-group. In the present study, a systematic analysis was undertaken of the newsprint media's construction of discursive representations of PWMI in the context of a social crisis. Newsprint items relate to a case of mass homicide in New Zealand perpetrated by an individual with a mental illness diagnosis and a history of psychiatric treatment. The following section provides a brief backgrounder to the case in question.

Summary of the Case of Analysis⁷

On 8 February 1997, Stephen Lawrence Anderson shot and killed six people (including his father, Neville Anderson) and wounded four others in the small North Island town of Raurimu. The 25-year-old Anderson had a history of mental health problems dating back to 1994, and at the time of the shooting was receiving outpatient psychiatric care from Capital Coast Health (CCH), a Wellington-based health care provider. In 1995, Anderson was committed for compulsory psychiatric treatment following a car chase with police. He was subsequently given a diagnosis of paranoid schizophrenia and remained under a compulsory treatment order until February 1996, when it was determined that his condition had remitted sufficiently to warrant discharge into community care. Towards the end of 1996, Anderson's condition began to decompensate, and he regularly failed to keep

⁷ The following case history has been derived from newspaper articles relating to the Raurimu case that constitute the news texts of analysis.

appointments with the community mental health team in the months leading up to the shootings.

In December 1997, a court hearing began into the six murders, with Anderson entering a plea of not guilty by reason of insanity. During the trial, it was disclosed that Anderson had a history of resistance towards taking prescribed medication for his condition, and was a regular user of cannabis. Expert testimony also described Anderson as having a history of violent and aggressive tendencies and a pre-occupation with firearms. Anderson was subsequently found not guilty of the six counts of murder by reason of insanity and was ordered to indefinite detention as a Special Patient under the Mental Health (Compulsory Assessment and Treatment) Act 1992. In the aftermath of the trial, members of the wider community, as well as some family member's of the victim's, apportioned the majority of the blame for the shootings at CCH's care provision of Anderson. However, other observers, both qualified and unqualified, also highlighted the potential contributions of insufficient staffing levels in mental health services, constraints in state funding of psychiatric services, inadequate preparation in the shift from institutional to community mental health care, and lax gun laws in the tragedy.

In August 1998, a coroner's inquest was conducted into the shootings, with the principle focus to examine the standard of care received by Anderson leading up to the shootings. During the inquiry, the coroner considered whether CCH staff had taken appropriate action upon learning that Anderson was unlikely to have been taking his medication as required, whether their approach to treating Anderson's cannabis use was too passive, and whether there were significant gaps in Anderson's treatment provision. The coroner also questioned whether Anderson's parents had responded appropriately and with due caution to their son's declining mental state, whether there were clear lines of authority among the mental health professionals responsible for Anderson's care, and whether

privacy issues had prevented CCH from sharing potentially important information about Anderson's condition with his family.

In releasing his findings, the coroner signalled that the single most important factor leading up to the shootings was Neville Anderson's failure to secure his firearms in a locked cabinet and to store the ammunition separately, as required by law. However, the coroner also criticised CCH, which he deemed failed to ensure that Anderson's case file – detailing his violent tendencies and interest in firearms – were made available to the mental health professionals responsible for his care. In view of his findings, the coroner urged a number of changes to current mental health services, policies, and practices.

News Event of Analysis

The Raurimu case, as it was reported in the New Zealand news print media constitutes the news event of analysis in the present study. While there have been numerous reported incidents of multiple murder in New Zealand by people suffering psychological or psychiatric illnesses (e.g., Anon, 1997; Masters, 1997), the Raurimu case was selected as the analytic focus for the following reasons. Firstly, it was a nationally prominent news story that was widely publicised and broadcast throughout the New Zealand news media. The fact that the news media serialised events surrounding this tragedy through extensive, in-depth, and long-lasting coverage permitted continuity in terms of the central issues, news actors, and news sources. News treatment of the case included interviewing survivors and witnesses about the tragedy and its aftermath; profiling Stephen Anderson's background of mental health problems and cannabis use; tracking the criminal court proceedings; soliciting expert psychiatric and legal opinions about aspects of the case; probing public and expert reactions to Anderson's acquittal by reason of insanity; reviewing the implications of Anderson's committal under the Mental Health Act; following the coronial

inquest into the shootings and reporting the coroner's findings and recommendations; and reporting public discontent at Anderson's special leave.

Secondly, the Raurimu case was particularly salient for the fact that mental health-related themes were predominant throughout the sequence of events of the case. For instance, prior to the shootings, Anderson had a documented history of mental health problems, had been clinically diagnosed with an identifiable psychiatric illness, and had received both inpatient and outpatient psychiatric treatment. Following the shootings, Anderson pleaded not guilty by reason of insanity to the murder charges, was acquitted of all charges on the basis of his psychiatric state at the time of the shootings, while his mental health care provision was the focus of a coroner's hearing. In view of the fact that mental illness issues are intrinsic to this case, featuring both prominently and explicitly, it will be expected that the dramatic narrative formed by news coverage of these events would be framed within specific, limited, and repetitive mental health discourses.

Thirdly, in reporting the events as they unfolded, journalists were heavily reliant on news sources for information about the case. Ericson, Baranek, and Chan (1991) write that, "... [although] there is an enormous array of knowledge sources potentially available – official documents, academic texts, survey and trend statistics, and direct observation – journalists tend to limit themselves to the 'performatives' of news releases and interview quotations from sources ... [Sources] are used to cite the facts of the matter without further investigation, and to give credibility to what the reporter visualizes" (pp. 1-4). In addition, news personnel tend to include as news sources those social groups whose opinions are considered to carry the most weight (i.e., those that hold elite positions of power and authority) in order to give 'authenticity' to the information contained in the story (Wearing, 1993).

From this perspective, news sources, and particularly expert and professional sources, are seen to play a critical role in presenting a news version of events as authentic. The use

of authoritative news sources in stories can strongly effect how these events become defined in the public arena, while reliance on one particular news source may privilege the agendas, definitions, and perspectives of one social group over those of others. As events of the Raurimu case unfolded, members from a wide range of social groups became directly and indirectly linked to the case, including politicians, mental health professionals, legal professionals, Raurimu shooting victim's, victim's relatives, as well as mental health consumers and advocates. Given this, examining whose opinion's news personnel, in their discretion, chose to reproduce, and the way in which they chose to frame those opinions, offers a perspective into how news reporters generated dominant and preferred meanings in the dramatic production of this story.

Finally, events such as those that unfolded in the Raurimu case naturally bring into prominence a range of socio-cultural, political, legal, and psycho-medical issues relating to mental illness in the community. That news journalists had such opportunity to report the events in this case from within a larger socio-politico-lego-psychiatric context may, thus, provide a window into journalistic notions about which aspects of the story were deemed most interesting and newsworthy.

Research Aims, Questions, and Analytic Manoeuvres

The overall analytic objective of the present study is to explore social representations of PWMI by accessing them at a sociogenetic level through the news media. The research presented herein aims to capture media representations of PWMI using SRT as the analytic framework from which to investigate images circulating in the press sample. In view of the fact that SRT emphasises content and process, it provides a useful working model from which to consider the media's presentation of PWMI. In addressing the aim of the study, the research that follows uses an analytic approach combining both traditional content

analysis methodology and interpretative, qualitative inquiry. Both quantitative and qualitative techniques are considered suitable methods for the systematic analysis of social representations (Moscovici, 1984).

The present research attempts to answer two principle questions. Firstly, what were the social representations present in the content of the text corpus? Secondly, how were these representations discursively constructed? It is important to note here that the focus was on the discursive construction of PWMI in press texts, and was not designed to examine the more fundamental question about the relationship between media and public attitudes and opinions towards PWMI. However, in line with SRT, it may be argued that all talk or text has a specific meaning and is constructed with a certain performative force, and that both meaning and force perform particular effects on the audience. In line with this approach, a complex, symbiotic relationship may be seen to exist between media and public representations of mental illness in the sense that both are embedded in shared social knowledge, conventions, and consensus. Thus, while this study is manifestly an investigation into the discursive production of media representations of PWMI, it is conducted within a framework of understanding that media representations of PWMI are expressions of wider socio-cultural and historical representations.

CHAPTER 2

Methodology and Method

Coding Sample

Newspapers were chosen for the purpose of the present analysis due to their relative ease of accessibility, and due to the difficulty and costs in retrospectively obtaining transcripts from radio and television. Four New Zealand metropolitan daily newspapers were selected according to circulation size⁸. The selected newspapers were: *The New Zealand Herald* (Monday to Saturday; circulation 213,150, readership 522,000), *The Press* (Monday to Saturday; circulation 92,938, readership 231,000), *The Dominion* (Monday to Saturday; circulation 68,842, readership 190,000), and *The Evening Post* (Monday to Saturday; circulation 60,315, readership 145,000). Together, these newspapers represent three different regions of New Zealand (Auckland, Wellington, and Christchurch), and account for a significant proportion of the readership of the country's published daily newspapers.

Materials and Procedures

Materials were obtained from the on-line electronic databases *Index New Zealand* (INNZ) and *Newzlink*, which provide reference to a large body of New Zealand print media items. As these interactive databases permit searching for keywords in headlines and text, the keywords "Raurimu" and "Stephen Anderson" were used to identify relevant materials for analysis. Using this selection process, more than 250 different newspaper articles

⁸ All circulation and readership figures are for year ended 31 March 1999 and were sourced from ACNielsen's 'Newspaper Readership Survey 1999' (D. Fulton, personal communication, March 28, 2000).

making reference to the Raurimu case were detected. Each article was then accessed manually on microfilm, photocopied, and read thoroughly by the author. Only those articles that referred explicitly to, and had as their principle focus, Stephen Anderson and the events of the Raurimu case were considered for analysis. After removing articles containing irrelevant 'hits', the resulting corpus contained 123 press clippings (see *Appendix A* for detailed reference to the sample frame). Publication dates of these articles ranged from 10 February 1997 to 8 October 1999.

Analysis

Traditional Content Analysis

Descriptive data was collected from all 123 sampled news articles using a semi-structured content analysis coding instrument designed to record general details and the content from the news articles (see *Appendix B: Coding Instrument*). This information was subsequently entered into a Microsoft Excel Spreadsheet. The first part of the coding procedure involved recording the following general details: 'headline', 'name of newspaper', 'page number', 'date of publication', and 'article type' (i.e., feature report, report by specialist writers, report by staff writer, report obtained from the New Zealand Press Association, editorial, letter to the editor, or other)⁹.

The second part of the coding process involved documenting news source and major thematic content categories. News sources are an important factor in news stories. The relative frequency with which particular sources appear is a critical measure of how stories are viewed by news editors and journalists, and how stories are likely to be interpreted by readers. According to Bell (1991), news sources are either supplier's of information or

news actors whose own utterances add value to the story. In coding news sources, the datasheet recorded the source of a statement as attributed by the author, either by direct or indirect quotes (direct quotes are those placed between quotation marks, while indirect quotes are those attributed to a source through paraphrasing). As news sources represent those news actors whom the media view as major and peripheral *dramatis personae* in a story, it was decided to document individuals quoted in the context of the Raurimu story, with news sources coded no more than once per clipping.

Allocation to thematic content categories was based on the key focus within the manifest content of a news clipping. Final categorisation of thematic content was achieved only following repeated attempts to find a satisfactory 'fit' of data to categories. A pilot analysis was first carried out to develop and test the content categories on a sample of 41 clippings (33.3 percent of the total sample). Initially, the number of content categories was quite high, although with further analysis these were later collapsed into nine mutually exclusive categories. This initial analysis of the data also revealed that many clippings contained more mental health-related material (i.e., thematic content items) than could be suitably or adequately described by a single content category. For this reason, it was decided that each clipping could be assigned up to three separate content categories. Assignment of thematic items to content categories was recorded on the datasheet. To ensure that a suitable level of reproducibility was present when coding the data sample, a second independent coder re-coded a randomly selected subsample of 41 clippings (33.3 percent) without access to the original coding sheets. Interrater reliability for categorical judgements was computed using Kappa coefficients.

⁹ The variables 'headline', 'name of newspaper', 'page number', and 'date of publication' are considered only as illustrative.

Discourse Analysis

In addition to a systematic quantitative analysis of the data, clippings were subject to *Discourse Analysis* (Potter & Wetherall, 1987), a technique that incorporates close interpretative analysis of language used in texts and talk. Discourse analysis is useful for revealing the discursive practices and linguistic resources used in bringing particular interpretations to phenomena (Potter & Wetherall, 1987). Explicating the discursive devices provides an understanding of how arguments and positions are constructed through language use. Thus, the emphasis of this form of analysis is on uncovering the subtextual messages and meanings conveyed in the narrative of the story in order to see “how language is used in particular situations to create, sustain, or challenge ... constructed social realities” (Allen & Nairn, 1997, p. 376).

Media texts were entered verbatim into the ‘*Non-Numerical Unstructured Data, Indexing Structure, and Theory-Building*’ (NUD*IST 4.0) computer-aided qualitative data analysis programme. NUD*IST provides a database for indexing documents containing textual information, and enables the ready storage, editing, and retrieval of text. It also allows the researcher to develop ideas and categories for thinking about the data by assisting in the development of relationships between data, exploring the links within data, and constructing flexible and dynamic systems for classifying data (Richards, 1998). An essential feature of discourse analysis involves coding textual data into *Interpretative Repertoires*. Interpretative repertoires are systems of socially and culturally constructed manifest through systematically related clusters of terms, descriptions, and figures of speech often organised around one or more central metaphors or vivid images (Allen & Nairn, 1997; Potter & Wetherall, 1987).

However, NUD*IST is neither a substitute nor a short-cut for intensive analysis and interpretation of texts, and its use in the present study depended on a substantial amount of

preliminary close analysis of texts. Indeed, as preliminary to the analysis proper, press clippings were read and re-read in order to code analytically interesting and relevant passages of text, and to limit the material to be included in the final analysis. Following this process, data was again reviewed until themes began to emerge. It was through this ongoing process of reading and re-working the data that the final analysis was constructed.

Given the necessarily subjective and interpretative nature of discourse analysis, it is likely to be the case that other researchers examining this same sample of coding material may generate different 'readings' of the data as they pertain to representations of PWMI (Lupton, 1992a). In order that readers can validate the author's own interpretations, excerpts of text have been included into the body of the analysis. In presenting the results, materials incorporated in the analysis are identified at the end of each excerpt by way of the article's headline¹⁰. For example,

He has been allowed to visit his father's grave and has had "ground parole" at Porirua Hospital's forensic unit, escorted by two staff members. {'Anger over hospital leave'}

¹⁰ Excerpts are presented in the analysis as they appeared in print, excerpts beginning with a lower case letter have been started part way through a sentence, while [...] signifies a break in the text imposed by the researcher.

CHAPTER 3

Results

Content Analysis

Reliability

Cohen's Kappa coefficient (Fleiss & Cohen, 1969) was calculated for measuring the interrater reliability of categorical variables. This statistic is considered to be an improvement over using percentage agreements to evaluate interrater reliability for the reason that it takes into account chance-level agreement between raters (Fleiss, 1981). Overall, interrater reliability for each of the categorical scoring indices was found to be at an acceptably high level ($>.75$)¹¹. Table I presents the percentage agreement between coders and corresponding Kappa scores for categorical variables.

Table I: Interrater Agreement Scores for Measured Coding Variables

Coding Variable Measure	No. Agreement	% Agreement	Kappa Score
Newspaper Type	123/123	100.0	1.0
Article Type	122/123	99.2	0.99
News Sources	324/352	92.0	0.91
Content Categories	179/228	78.5	0.77

¹¹ Although there are no absolute cutoffs for Kappa coefficients, Kappa values greater than 0.75 are considered to have a higher degree of agreement beyond chance (Fleiss, 1981; Fleiss & Cohen, 1969).

Descriptive Data

In the present sampling frame, 36 articles (29.3 percent) were drawn from *The Dominion*, 34 (27.6 percent) from *The Evening Post*, 27 (22.0 percent) from *The Press*, and 26 (21.1 percent) from *The New Zealand Herald*. As summarised in Table II, the majority of clippings were wire service reports from the NZPA (41.5 percent of the total) and general assignment reports written by staff writers (33.3 percent). These were followed by news reports with no attribution (6.5 percent), letters to the editor (5.7 percent), editorials (4.9 percent), and news reports written by a specialist crime reporter (4.9 percent). Only a small proportion of clippings were articles written by specialist health reporters (1.6 percent), specialist political reporters (0.8 percent), or feature writers (0.8 percent).

The average word length of clippings in the coded sample was 422.1, with a range of 99 to 2,113 words. It is also worth noting that many articles printed in newspapers are republications of stories distributed around the country by the NZPA to subscribing newspapers. On examination, it was found that the present sample frame contained 72 unique articles, as well as 51 repetitions of 36 news stories circulated by the NZPA. According to Fowler (1991), a measurement of the page of the newspaper on which an article begins indicates the relative importance that a paper attaches to that article. Thus, articles were categorised according to whether they began either on the front page or on any other page. In the present sample, more than one-fifth of articles (22.0 percent) began on the front page, suggesting that a significant minority of articles were considered by news personnel as highly newsworthy and deserving of front-page placement.

Table II: Type of News Articles; frequencies and percentages

Rank	Article Type	Frequency	%
1.	NZPA reports	51	41.5
2.	Staff reports	41	33.3
3.	No attribution	8	6.5
4.	Letters to editor	7	5.7
5.	Editorials	6	4.9
	Crime reports	6	4.9
7.	Health reports	2	1.6
8.	Political reports	1	0.8
	Feature articles	1	0.8
	<i>Total</i>	<i>123</i>	<i>100.0</i>

The Chronology of Events

Table III provides a detailed account of how the events in the Raurimu case unfolded over time, and, thus, how the story was kept ‘alive’ through coverage of these events. From this table, news coverage is shown to be most heavily clustered around three major aspects of the story: the shootings and their immediate aftermath; the murder trial and subsequent jury decision; and the coronial inquest and coroner’s findings. Other prominent aspects of the case reported (or ‘uncovered’) by the news print media included an internal hospital review into Anderson’s provision of care, Anderson’s short-term hospital leave, and the intentions of victims’ families to sue CCH.

Table III: The Chronology of Events in the News Story of Analysis

Date	Events, Main Issues Covered in Clippings
<p>1997 Feb 10,11</p>	<p><i>Story breaks:</i> Suspect taken into custody following the shooting deaths of six people at Raurimu;</p> <p>Psychiatric specialists visit suspect in prison, recommend a full psychiatric assessment;</p> <p>Health Minister confirms that suspect was receiving treatment from mental health services in the Wellington region;</p> <p>Schizophrenia Fellowship expresses concern over care standard provided to suspect;</p> <p>First criticisms of mental health legislation;</p> <p>12 Interviews with former work colleagues of Raurimu suspect, Stephen Lawrence Anderson;</p> <p>13 Judge remands Anderson to forensic psychiatric unit for ongoing assessment;</p> <p>20 Public concerns expressed over ready availability of firearms and inadequate mental health care standards;</p>
<p>May 16</p> <p>23</p>	<p>Anderson denies six charges of murder and four charges of attempted murder at depositions hearing;</p> <p>Interviews with survivors and witnesses about events on day of shootings;</p>
<p>Jul 6</p>	<p>Anderson's lawyer indicates that not guilty pleas to be based on defence of insanity;</p>
<p>Nov 29</p>	<p>Judge orders four charges of attempted murder against Anderson to be dropped;</p>

Table III continued.

1997	Dec	3,4,5	Criminal trial begins: witnesses to shootings give testimony;
		6	Jury views Anderson's interview video tape;
		9	Psychiatrists and family doctor describe Anderson's mental health and psychiatric treatment history;
		10	Expert forensic psychiatrist testifies that Anderson was likely to have been in a psychotic state during the shootings;
		11	Lawyers, judge sum up arguments;
		12	Jury finds Anderson not guilty by reason of insanity;
			Anderson committed for indefinite psychiatric treatment as Special Patient under the Mental Health (Compulsory Assessment and Treatment) Act;
			Victims' families react angrily to insanity verdict, call for accountability;
			Lawyer indicates that Anderson unlikely ever to be released from compulsory psychiatric care;
			Police source reveals that Anderson's father gave police assurance that his son would not have access to firearms;
			Profile of survivors' lives since shootings;
			Article detailing Anderson's history of mental illness leading up to the shootings;
		13	Mental health workers report that Anderson had access to cannabis while awaiting trial;
			Criticism about efficacy of community mental health treatment model;

Table III continued.

1997	Dec	13	Report that coronial inquiry to be held into deaths next year;
			Continuing questions about “failure” of psychiatric services in preventive care;
		15	Concerns that Raurimu incident highlights short-comings in mental health legislation, with public placed at increased danger;
			Report indicates that Anderson able to be granted short-term leave from hospital under mental health legislation;
		17,18	Insanity ruling argued to negate debt liability;
1998	Aug	5	<i>Coronial inquest begins:</i> Helen Anderson apologises to victims’ families during testimony, states that she had no indication of son’s violence potential;
		6	Psychiatrist argues that Anderson’s care provision was compromised by state funding constraints of mental health services;
		7	Families of victims call for improvements to mental health services;
			Internal CCH review finds no evidence of system failure in the provision of care to Anderson, Anderson not deemed to be violent while in treatment;
		8	Schizophrenia Fellowship criticises internal CCH inquiry;
		14	Further criticism of state funding levels for mental health services;
	Sep	22	Final coronial hearing delayed;

Table III continued.

1998	Nov	19	Families of victims indicate intention to sue CCH for failure to administer adequate care to Anderson;
		20	Mental health organisations defend CCH, state that danger posed by psychiatric patients is difficult to predict;
		21	Gun lobby group supports families legal action against CCH;
	Dec	8	Ombudsman supports CCH's refusal to release internal report into Anderson's care;
			Public criticism of gun ownership in homes in which a member of the family is suffering a mental disorder;
		17	Psychiatrist asks coroner to consider more evidence before making decision;
1999	Feb	15	Coroner told that parents not to blame for shootings;
		16	Psychiatrist highlights lack of clear lines of responsibility in mental health care services;
		18	Anderson's former case worker defends care provision;
		19	Consultant psychiatrist criticises standard of care provided to Anderson by community mental health team;
		20	Head of CCH defends Anderson's treatment leading up to shootings;
			Coroner's decision and recommendations expected to be released in three months;
	Apr	16,17	Coroner criticises Neville Anderson and CCH, urges changes to mental health system;
			Article suggesting Government is under strong pressure to implement coroner's recommendations;

Table III continued.

1999	<i>Apr</i>	20,21	Lawyer for CCH accuses families of suing for money rather than accountability;
		23	Spokesperson for Shooter's Association says police to blame for shootings by not removing Neville Anderson's gun licence;
		30	Mental health experts insist that people with mental illness do not represent a significantly higher risk of violence in the community;
	<i>Jun</i>	3,4	Police records reveal long-standing police concerns about Anderson's potential access to his father's guns;
	<i>Oct</i>	4	Anderson granted permission for special hospital leave;
		5	Families of victims angry about lack of communication regarding Anderson's special leave;
		6	Concerns raised about difficulty managing patients and victims competing rights with respect to special leave;
		8	Anderson's special leave defended by Health Minister.

From the total sample of 123 press clippings, 112 (91.1 percent) contained either direct or indirect quotations from news sources. In some instances, information was ascribed to a news source that was not directly provided by that source, but rather was information contained in documents acquired through the news gathering process (e.g., medical reports, police reports). Table IV indicates that a total of 352 individual news sources were quoted by journalists in the press texts, with each of these individual news sources grouped into one of nine separate “News Source Categories”.

As reported in Table IV, ‘Members of the Mental Health Profession’ were the primary source of quotes used by journalists in news coverage of the Raurimu story, with more than one-sixth (17.6 percent) of the 352 indicated news sources placed in this category. Of the sources included here, psychiatrists featured most prominently, comprising more than one-tenth (10.5 percent) of all news sources. For the most part, psychiatrists’ quotes were drawn from the murder trial or the coronial inquest, where they supplied expert testimony about Anderson’s history of mental illness, psychiatric treatment, and presumed mental state at the time of the shootings. Quotations from psychiatrists also related to the “passive” treatment approach of CCH, the “lack” of chain of responsibility among clinicians involved in the provision of his care and management, as well as broader issues such as the “inadequate” level of state funding for mental health services. A smaller number of psychiatrists were cited as ‘expert sources’ about a range of mental health-related issues broadly related to the Raurimu case, including the clinical features of schizophrenia, the community “risk” posed by

¹² See *Appendix C* for complete listing of coded press articles by News Sources.

Table IV: *Indicated News Sources; frequencies and percentages*

Rank	News Source	Freq.	%
1.	<i>Members of the Mental Health Profession</i>	62	17.6
	Psychiatrists	37	10.5
	Other mental health care workers	13	3.7
	Hospital administrators	10	2.8
	Other	2	0.6
2.	<i>Non-Health Government Sources</i>	58	16.5
	Police Officers	29	8.2
	Coronial Services Officers	26	7.4
	Minister of Justice	2	0.6
	Other	1	0.3
3.	<i>Survivors, Witnesses, and Relatives of Victims</i>	56	15.9
	Relatives of Victims	26	7.4
	Survivors of shootings	25	7.1
	Witnesses to shootings	5	1.4
4.	<i>Anderson-Related Sources</i>	54	15.3
	Helen Anderson	26	7.4
	Stephen Anderson	13	3.6
	Neighbours	4	1.1
	Neville Anderson	2	0.6
	Other	9	2.6
5	<i>Members of the Legal Profession</i>	54	15.3
	Lawyers	44	12.4
	Judges	7	2.0
	Legal Academic Sources	3	0.9

Table IV continued.

Rank	News Source	Freq.	%
6.	<i>Non-Mental Health Medical Sources</i>	27	7.7
	Hospital Administrators	9	2.6
	Medical Reports	7	2.0
	Doctors	6	1.7
	Medical Health Bodies	5	1.4
7.	<i>Health Government Sources</i>	23	6.5
	Minister of Health	5	1.4
	Ministry spokesperson	3	0.9
	Director-General of Mental Health	2	0.3
	Other	13	3.9
8.	<i>Consumer and Victim Advocacy Sources</i>	12	3.5
	Schizophrenia Fellowship	9	2.6
	Victim Support	3	0.9
9.	<i>Gun Lobbyist Sources</i>	6	1.7
	Pro-Gun Supporters	4	1.1
	Anti-Gun Lobbyists	2	0.6
	<i>Total</i>	352	100.0

PWMI, as well as the terms of committal, conditions for leave, and criteria for “release” of special patients under current mental health legislation.

Other mental health workers cited by journalists included Anderson’s psychiatric caseworker, psychiatric hospital staff nurses, and a counsellor at an outpatient psychiatric rehabilitation service. Utterances from this group most typically related to Anderson’s “deteriorating” mental health, his community treatment and management by mental health care services, his suspected “abuse” of cannabis while awaiting trial, and the high rate of cannabis use among psychiatric patients more generally. Individuals involved in the high level management of mental health care services constituted a further subgroup of news sources within the ‘Members of the Mental Health Profession’ category, with these individuals quoted on such matters as the “difficulties” associated with predicting the potential “safety” of PWMI, the focus on “remedial” rather than punitive strategies when managing forensic psychiatric patients, and the potential risks of “continued” state “underfunding” of mental health resources and services.

As shown in Table IV, ‘Non-Health Government Sources’ formed the second largest group of news sources in press coverage, providing 58 separate quotes (16.5 percent of the total). The majority of individuals constituting this group were police officers and coronial services officers. Utterances from police officers were generally taken from trial testimony and related to events on the day of the shootings, the crime scene in the aftermath of the shootings, Anderson’s “bizarre” behaviour at the time of his arrest, and the content of Anderson’s police interview. Police sources were also quoted in reference to historical police “concerns” about Anderson’s access to his father’s firearms. With regards to coronial services officers, the coroner investigating Anderson’s care made up all but one of the news sources in this subgroup. The coroner was most commonly quoted in relation to the inquiry into the Raurimu deaths and his

subsequent findings about the individuals and services “responsible” for the shootings. The Justice Minister was quoted on two separate occasions: once in response to public outcry over “deficiencies” in the insanity defence, and once regarding amendments to the Victim’s Rights Bill.

Table IV reports that the individuals included in the category ‘Survivors, Witnesses, and Relatives of Victims’ accounted for almost one-sixth (15.9 percent) of total new sources quoted by journalists. Survivors and eyewitnesses were predominantly quoted in the context of trial coverage, in articles reporting survivor or eyewitness accounts of events related to the shootings, or in reports describing the personal toll of these events. Statements from the relatives of victims were cited in relation to support for amendments to current Privacy legislation allowing disclosure of relevant psychiatric information to parents and immediate caregivers of psychiatric patients, criticism of Anderson’s special leave, the “need” for Governmental restructuring of mental health services and review of the ‘not guilty by reason of insanity’ verdict, and recommended changes to mental health policy and legislation. Survivors and victims’ relatives were both quoted in relation to the negligence lawsuit taken against CCH for their “failure” to “adequately” treat or monitor Anderson in the community.

The fourth largest news source category was that of ‘Anderson-Related Sources’, which contained 56 separate news sources (15.7 percent of the total). Helen Anderson was the most frequently quoted figure in this group, with the majority of her statements taken from trial court and coroner’s testimony. Her statements related to Stephen Anderson’s psychiatric history, the “deteriorating” state of his mental health leading up to the shootings, the events on the day of the shootings, and the families “struggle” to deal with her son’s psychiatric illness. She was further quoted in relation to the “desirable” outcome of the court proceedings, the mobilisation of

“rehabilitative” rather than punitive measures in his committal under the Mental Health Act, and in defence of her son’s “right” to apply for special leave. A number of statements contained in the text corpus were attributed to Stephen Anderson; however, none of these were quoted directly from Anderson himself, but were obtained from other sources, such as the trial testimony of police officers, psychiatrists, and witnesses of the shootings, a letter written by Anderson to his mother, and psychiatric reports. Other sources included in this category were neighbours, “friends”, work colleagues, a former teacher, and an uncle of Stephen Anderson, who were all typically quoted in backgrounders on Anderson.

The ‘Members of the Legal Profession’ category made up the fifth largest quoted group, containing 54 news sources (15.3 percent of the total). Lawyers represented the majority of individuals comprising this category, and were also the most commonly quoted news source overall. Utterances from lawyers were principally cited from trial proceedings and the coronial inquiry. Quoted here were Stephen Anderson’s defence lawyer and the Crown prosecutor for the murder trial, Helen Anderson’s lawyer, and lawyers for CCH during the coroner’s inquest. In addition to the trial and coronial inquiry, lawyers were quoted in relation to the verdict of ‘not guilty by reason of insanity’, implications for individuals committed under the Mental Health Act, legal conditions imposed on Anderson as a special patient, and the legal action against CCH as initiated by victims’ relatives. Judges and legal academic sources were also quoted in a small number of instances, with the latter providing ‘expert’ opinion about matters relating to the insanity verdict and the “realistic” risk to the community posed by PWMI.

The ‘Non-Mental Health Medical Sources’ category contained 27 news sources, constituting the sixth largest group of news sources. Included here were professional medical sources not directly linked by the journalist to a mental health body or service

provider. In this group, health bodies and high level hospital management personnel were quoted in relation to CCH's refusal to release the internal hospital report into Anderson's care, the lawsuit brought against CCH by victims' families, defence of Anderson's standard of care by CCH, the efficacy of antipsychotic medication, and "high" rate of cannabis access among hospitalised psychiatric patients. Information from medical reports into CCH's care of Anderson were included in articles in a small number of cases, while utterances from Anderson's GP appeared in the context of murder trial and coroner's court reportage.

As shown in Table IV, 'Government Health Sources' were the seventh largest group of news sources, with 23 quotations (6.5 percent of the total). Of those sources included here, the Minister of Health, a Health Ministry spokesperson, and the Director-General of Mental Health were the most frequently cited, with quotes also attributed to the Director General of Health, Opposition Health Minister and spokesperson, Mental Health Commissioner, and Mental Health Deputy Director. Utterances from this group related to such issues as Anderson's care provision, the "concerning" standard of mental health care services in New Zealand, mental health legislation and policies, Anderson's short-term leave from hospital, and the "danger" to the community posed by PWMI.

'Consumer and Victim Advocacy Sources' were quoted on 12 occasions, and were either individuals linked with Schizophrenia Fellowship or to Victim Support. Quotes from the former concerned "deficiencies" in the current mental health care model, ongoing "cuts" in mental health staffing levels and services, "gaps" in CCH's psychiatric management of Anderson, access to cannabis by patients with schizophrenia, and the "unavailability" of newer, more effective antipsychotic medication. These sources also spoke about the lack of "adequate" knowledge among families dealing with PWMI, the "need" for trained mental health professionals to

provide psychoeducation to families, and the “importance” of family involvement in treatment and management plans. Quotes from Victim Support sources related to the lack of adequate communication given to victims and victims’ families regarding Anderson’s short-term leave.

The ‘Gun Lobbyist Sources’ category contained only 6 quotes taken from the corpus. This group consisted of either: pro-gun lobbyists, who were quoted in support of the lawsuit against CCH, as critical of police “inaction” against Neville Anderson, and as stating that PWMI should be “kept away” from firearms; or anti-gun lobbyists, who urged changes to current “flimsy” firearm legislation.

*Thematic Content*¹³

As reported in Table V, a total of 228 thematic content items were identified in the corpus of texts, with these items grouped into eight broader “Content Categories”¹⁴. Table V shows that those thematic content items relating to issues of ‘Treatment, Management, and Care’ accounted for more than one-quarter (26.3 percent) of all coded content in the press sample. Items in this category typically concerned the level of mental health care delivered to Anderson and included reported concerns over the “gaps” in his mental health care provision, official hospital and governmental review of Anderson’s treatment and monitoring, and CCH’s defence of its care model. Also included here were issues related to the “failings” of New Zealand’s mental health care services, the “unavailability” of antipsychotic medication, disclosure of relevant information to patients’ families, the efficacy of psychiatric treatment approaches, and the management of schizophrenia.

¹³ See *Appendix C* for complete listing of coded press articles by Content Category.

¹⁴ Six articles did not contain content that ‘fit’ into any of the designated content categories.

Content relating to ‘Violence and Risk’ issues composed the second largest thematic content group with more than one-sixth (17.1 percent) of the thematic items falling in this category. Included here were issues concerning the association between mental disorder and aggressive behaviour, previous murder cases involving PWMI, the factors associated with violence risk in psychiatric patients, and the difficulty “predicting” dangerousness in PWMI. Items relating to Anderson’s history of violent behaviour and his risk status as determined by mental health professionals were also placed in this category.

Themes relating to ‘Illness and Disorder’ composed the third largest content category, containing 38 thematic items (16.6 percent of the total). Trial and coronial inquiry coverage gave rise to the majority of items contained here. Related issues were Anderson’s behavioural and psychiatric presentation leading up to, during, and immediately following the shootings, his history of “antisocial” and “bizarre” behaviours, his previous mental health treatment and psychiatric hospital admission, and his behaviour during the trial. Also included were issues relating to schizophrenia and its clinical characteristics, and the possible deleterious effects of non-compliance with prescribed psychiatric medications.

Content concerned with broad issues of ‘Blame’ accounted for 34 thematic items (14.9 percent of the total). This category dealt largely with issues linked to the criticism of two main parties: CCH (as Anderson’s responsible care provider) and

Table V: *Content Categories Contained in News Clippings; frequencies and percentages*

Rank	Content Category	Freq.	%
1.	Treatment, Management, and Care	60	26.3
2.	Violence and Risk	39	17.1
3.	Illness and Disorder	38	16.6
4.	Blame	34	14.9
5.	Service, Policy, and Funding	25	11.0
6.	Insanity Defence	16	7.0
7.	Special Patient	9	3.9
8.	Substance Use	7	3.1
	<i>Total</i>	<i>228</i>	<i>100.0</i>

^a Up to three content categories were coded for each news clipping

Anderson's parents. Items concerning the former related to either criticism of CCH clinical staff for not "adequately" monitoring and treating Anderson or to CCH's defence of its care standards. Issues of blame directed towards Anderson's parents concerned their "failure" to identify warning signs of decompensation in their son and Neville Anderson's failure to store his firearms securely. Other issues included in this category had to do with criticism of current gun legislation and previous police inaction against Neville Anderson, and the institution of legal proceedings by victims' relatives against CCH.

Content whose main focus was upon ‘Services, Policies, and Funding’ issues comprised more than one-tenth (11.0 percent) of thematic items. These issues related to the “downsizing” of mental health services and staff numbers, state “underfunding” of mental health resources and services, and the “problems” associated with the community psychiatric care model. Containing 16 thematic items (7.0 percent of the total), the ‘Insanity Defence’ category predominantly included content drawn from trial reports and articles concerning the trial verdict. Issues covered in this category related to Anderson’s not guilty by reason of insanity plea to the murder charges, victims’ families “anger” at the verdict, the legal and moral basis of the insanity defence, and controversy about the insanity defence as “negating” the assignment of criminal “liability”.

The ‘Special Patient’ category contained 9 thematic items (3.9 percent of the total), which most typically concerned aspects of the special patient provision under the Mental Health Act. These issues related to compulsory psychiatric treatment, the clinical and legal conditions imposed on release and leave as a special patient, and community re-integration as part of the rehabilitation process for special patients. Another prominent issue featured here related to victims’ relatives’ anger over Anderson’s short-term community leave from psychiatric hospital. Thematic items assigned to the category ‘Substance Use’ made up 3.1 percent of total categorised content. Items here focused on the role of substances in exacerbating and “triggering” mental illnesses, cannabis use among psychiatric patients, the “easy” access to cannabis among hospitalised psychiatric patients, and the treatment of people with a dual diagnosis of substance use and mental illness.

Discourse Analysis

Introduction

While content analysis is able to reveal important information about the topics and news sources contained in press coverage of the Raurimu case, discourse analysis provides a further level of data. It allows the researcher to explicate how PWMI are portrayed in the socio-cultural sense, and the discursive resources that were used to construct this portrayal. In this section, attention is directed to the interpretative repertoires relating to PWMI emerging from the corpus of press texts. The passages presented in the text are selected on the basis that they reflect themes common to several articles or that they express a certain theme particularly well. As previously stated, the analysis described below focuses specifically on the question of how the media represent PWMI, and does not directly or separately consider other issues in the foreground of the case (e.g., Government underfunding of mental health services, gun laws, insanity defence). Five broadly discernible ways of constructing images of PWMI were distinguished in the text corpus, resulting in the following repertoires: *Functionality*, *Medicalisation*, *Otherness*, *Dangerousness*, and *Accountability*. Each of these is discussed separately below.

Functionality

The media texts show evidence of what can be termed a repertoire of 'Functionality' relating to PWMI. Broadly speaking, this repertoire conceptualises PWMI as not coping, or as unable to cope, effectively in society. Central to this discourse are not the symptoms of psychiatric illness, but rather the effect that psychiatric symptoms have on an individual's personal and social functioning. A

number of different subtexts were manifest in the construction of the 'Functionality' repertoire, most especially the depiction of PWMI as severely debilitated by their illness. This particular subtext enlisted such images as PWMI as without hope,

You see a lovely young man lose all motivation [...]. He couldn't see a future for himself {'Madness led to a massacre'}

as unable to perform and maintain normal social roles,

he was diagnosed as schizophrenic and had to leave his dental laboratory job {'A confident young man'}

as unable to resolve themselves to courses of action,

I don't know the symptoms but I gather that he could not settle at anything {'Tragedy hits Capital'}

and as compromised in their capacity to exercise normal, rational judgement.

He would not have been amenable to reason or argument {'Coroner changes view on parents' role in tragedy'}

Schizophrenics are incapable of exercising all of their rights in an informed manner {'Mental health'}

The notion that PWMI are unable to function independently or successfully in the community was further captured through the depiction of psychiatric illness as having significant implications for the family unit,

Until you've lived with someone with a mental illness, it's difficult to understand the stress involved {'Madness led to a massacre'}

Schizophrenia is a terrible burden for families {'Coroner changes view on parents' role in tragedy'}

who become largely responsible for the care of the sufferer.

If the Anderson family was getting good treatment for Stephen {'Drugs could have averted tragedy'}

relatives of psychiatric patients must be told more about their conditions {'Raurimu families call for better psyc info'}

The 'Functionality' repertoire was also expressed through references to PWMI as,

devastated {'Madness led to a massacre'}, tortured {'Madness led to a massacre'}, entrenched {'Anderson: 'It all went horribly wrong, dude''}, consumed {'Anguish boils over into rage'}, and gripped {'Psychiatrists crucial in massacre verdict'}

by their illness, with the accompanying implication that PWMI are possessed by their morbidity to a disabling degree.

This discourse of 'Functionality' is congruent with current policies of community care, in which the principle role of mental health professionals is to assist patients to function and maintain themselves as active, integrated, and productive members of the community. In press coverage, journalists sounded the notion that PWMI are passive, vulnerable, and incompetent members of society who require the intervention and support of others to help them manage their own lives.

Psychiatric patients should not be released into the community without proper backup {'Alleged killer was mental patient'}

The difference with mad people is that we surely have a duty to protect them

{‘Facing the problems of madness’}

However, community care also has as a guiding principle the notion that when an individual is affected by their illness to a level at which they are unable to function safely or effectively, mental health professionals have the authority to use coercive means to implement appropriate treatment interventions. Indeed, the ‘Functionality’ repertoire parallels this idea through commentary that espouses the need for social control of PWMI.

If necessary a community treatment order can be sought to force re-admission if

the patient does not take the pills {‘Madness led to a massacre’}

Coroner’s call yesterday for more control over the seriously mentally ill

{‘Raurimu finding puts acid on Govt’}

Anderson should have been ordered to have compulsory treatment {‘Lack of

funds to treat killer, coroner told’}

Thus, the ‘Functionality’ discourse has at its core contrasting subtexts that PWMI are vulnerable members of society for whom assertive social intervention practices are required. On this basis, a high level of supervisory and institutional control of PWMI may be seen to be justified in that it serves an assistance function, and is, in fact, for the good of the patient.

Medicalisation

A more minor, but nonetheless discernable repertoire manifest in the press sample was that of the ‘Medicalisation’ of PWMI. This repertoire was constructed through discourse that positioned PWMI within the medical model. Implicit in this

discourse was the use of language and jargon derived from or associated with general medical practice,

diagnosis {'Cry from Raurimu'}, illness {'Insane killer could get leave'}, well {'Anguish boils over into rage'}, disease {'Verdict upsets survivor'}, health {'Alleged killer was mental patient'}, disorder {'Psychiatrist: law is an ass'}, and condition {'Angry scenes as jury returns insanity verdict on killer'}

psychiatric terms that implied a specific symptomatology,

psychosis {'Cannabis access no surprise to carers'}, depressed {'Madness led to a massacre'}, schizophrenia {'Mental health'}, anxiety {'Madness led to a massacre'}, hallucinations {'Psychiatrist: law is an ass'}, and delusions {'Anderson saw Govt pot plot'}

terminology that pivoted around medical approaches in the management of PWMI,

rehabilitation {'Anger over hospital leave'}, care {'Coroner's Raurimu study welcome'}, patient {'Anderson unlikely ever to leave psychiatric hospital'}, discharged {'Killer's care defended'}, medication {'Drugs could have averted tragedy'}, and undergoing treatment {'Anderson unlikely ever to leave psychiatric hospital'}

as well as the expectation that PWMI are able to recover from their illnesses with appropriate treatment.

drugs changed psychiatry: if people will take them, they can lead normal lives
{ 'Facing the problems of madness' }

Together, these subtexts serve to anchor the pathology of PWMI by aligning psychiatric illness alongside physical illnesses, and by constructing an image that people affected by mental illness are a treatable population.

Otherness

The repertoire of ‘Otherness’ is one that has been found consistently in work on representations of PWMI. In the present sample of texts, ‘Otherness’ was manifest through the depiction of PWMI as experiencing the world differently,

The world through the eyes of Stephen Anderson was a murky land of paranoia and dark fantasies {‘Anderson: ‘It all went horribly wrong, dude’’}

Stephen Anderson, 24, sat in his bedroom just metres away, his dark fantasy world closing in around him {‘Raurimu: countdown to tragedy’}

as loosing touch with their external reality,

[Anderson] told Mr Webb though there was no one else in the room physically, there were others present spiritually {‘Killer laughs in court as interview video plays’}

It is a disease that induces its victims to minsinterpret their environment {‘Madness led to a massacre’}

He was in and out of contact with reality {‘Killer laughs in court as interview video plays’}

as engaging in erratic and unusual behaviour,

He also started saying strange things {‘Mother loves son despite shootings’}

He frequently made comments that did not make any sense {'Killer laughs in court as interview video plays'}

The Anderson's had become "numb" to their son's weird behaviour {'Anderson told mum she was not at fault'}

as possessing antisocial tendencies,

he was preoccupied with firearms and explosives {'Health experts defend massacre-case agency'}

he had a fascination for firearms {'Anderson: 'It all went horribly wrong, dude',}

he had fantasies of blowing up cars and speed cameras {'Raurimu gunman not violent – CCH'}

Anderson was a schizophrenic who [...] was obsessed with firearms {'Killer of six given leave'}

Fanatical about the legalisation of cannabis {'Mother loves son despite shootings'}

and as having "extra" qualities.

There was absolutely no sign of schizophrenia [...]. There was nothing that marked him in any way as exceptional {'Remembered as popular at school'}

Anderson appeared to have an amazing knowledge of cannabis {'Anderson: 'It all went horribly wrong, dude''}

Such implied characteristics establish a predominant subtext of PWMI as inherently different from members of the general community, while the use of terms such as

mental patient {'Madness led to a massacre'}, bizarre {'Mother loves son despite shootings'}, psychotic tunnel {'Anderson told mum she was not at fault'}, madness {'Madness led to a massacre'}, cuckoo {'Insane killer could get leave'}, unstable {'Raurimu repeat awaits'}, disturbed {'Anderson: 'It all went horribly wrong, dude''}, and crazed {'Raurimu trial leaves unanswered questions'}

in this context also serves to accentuate and reinforce the oddity, abnormality, and “differentness” of PWMI.

Dangerousness

Undoubtedly the most prominent discourse found to be operating in the press sample related to the ‘Dangerousness’ of PWMI. Indeed, the explicit sense of fear and threat that accompanies lay representations of people with mental illness is clearly expressed in the present text corpus. ‘Dangerousness’ discourses were woven into texts through direct reference to violence by PWMI,

We have numerous examples of people with paranoid schizophrenia who have murdered several people {'Lack of funds to treat killer, coroner told'}

Anderson himself went on his rampage after he was known to be schizophrenic {'Protecting the public'}

He produced a list of 19 murders committed by PWMI {'Alleged killer was mental patient'}

through connotations of violence as a characteristic of mental illness,

Paranoid schizophrenia, which can drive a patient to irrational violence {'Cry from Raurimu'}

They become violent to protect themselves {'Madness led to a massacre'}

and through the implication of an intractable link between mental illness and violence in society.

Psychiatric problems are as much a part of the pattern of mass killings in New Zealand as the use of firearms {'No easy explanation for tragedy'}

Murders or assaults by people suffering from mental illness are far from rare {'Protecting the public'}

The 'Dangerousness' repertoire was also formulated through the inference of an association between the shootings and the suspect's psychiatric status. This was achieved by the linkage of the crime to the suspect's history of mental health treatment,

Alleged killer was mental patient {'Alleged killer was mental patient'}

Murder accused was receiving treatment {'Murder accused was receiving treatment'}

by references to the suspect as undergoing formal psychiatric evaluation,

Accused faces mental checks {'Accused faces mental checks'}

Alleged gunman sent for mental tests {'Alleged gunman sent for mental tests'}

Psychiatrists assess accused man in jail {'Psychiatrists assess accused man in jail'}

and by the inclusion of mental health services as an important actor in the dramatic narrative.

The CHE was cooperating with police {'Alleged killer was mental patient'}

Capital Coast Health confirmed today that Stephen Anderson, the man charged with murder at Raurimu, was receiving treatment from mental health services
{‘Murder accused was receiving treatment’}

Another connotation of ‘Dangerousness’ was formulated in a subtext depicting the decline and failure of mental health care services of people with mental illness to dangerous levels. This subtext was constituted through reportage that framed mental health care hospital services as not providing adequate treatment to Anderson,

The mental health system failed paranoid schizophrenic Stephen Anderson
{‘Health system ‘failed’ killer’}

which ultimately contributed to the events of Raurimu.

most believe it was the mental health system that ultimately let them all down
{‘Father blamed for gun deaths’}

these things would not have happened if he [Stephen Anderson] had got adequate care {‘Massacre families ‘going for money’}

It is further portrayed that this incident is emblematic of system-wide problems with mental health services,

The upheaval in mental health care has allowed too many disturbed people to slip through cracks in the system {‘No easy explanation for tragedy’}

[mental health] services seem to be in such a poor state in so many parts of the country {‘Psychiatrist: law is an ass’}

it has been proven many times that the system fails PWMI {‘Remove guns’}

which stems both from failures systemic in mental health care policies,

The speed of de-institutionalisation has gone too fast for community resources to keep up {'Coroner shocked by care shortfall'}

For every defence of the change from institutional to community psychiatric health care, there seems to be an individual case in which the system's failings have tragic consequences {'Cry from Raurimu'}

health authorities are poorly equipped to handle community care {'Cry from Raurimu'}

and from state under-resourcing of mental health care services.

the Raurimu massacre illustrated the consequence of "skimping" on community mental health spending {'Anderson told mum she was not at fault'}

funding constraints meant that Raurimu gunman Stephen Anderson did not get adequate treatment for his disorder {'Treatment of gunman not adequate -- psychiatrist'}

'Dangerousness' was further instantiated through the portrayal of mental health care standards as continuing to decline,

He said that staffing and mental health funding had gradually decreased in the 12 to 18 months since the killings {'Deaths spark call for better mental care'}

He said staffing levels and mental health funding had worsened since the killings {'Coroner eyes killer's care'}

staff were still struggling with a serious lack of resources {'Killer's care defended'}

with the inference that future tragedies involving PWMI will invariably occur as a consequence of continued deficiencies in mental health services and policies, .

Inadequate mental health care will certainly mean a repeat of the Raurimu massacre {'Raurimu repeat awaits'}

The 'Dangerousness' repertoire was further constructed through the implication that mental health policy and law is motivated by protection of the public rather than rehabilitation of the patient,

the safety of [...] the public is our first consideration {'Anger over hospital leave'}

with re-integration into the community as part of a patients ongoing rehabilitation considered primarily from the context of the risk to public safety.

He shouldn't be released, even on temporary home leave, until experts are satisfied that he will do no further harm {'Raurimu trial leaves unanswered questions'}

can only be released if the Health Minister decides it is safe to let him go {'Raurimu inquest begins today'}

This discourse was reinforced through the use of terms that connote expressed violence as an element of the psychiatric patient designation, including

crazed gunman {'Gunman's dad blamed for Raurimu massacre'}, insane killer {'Insane killer could get leave'}, criminally insane {'Coroner shocked by care shortfall'}, and dangerous mental patients {'Killer of six given leave'}

Interwoven into the fabric of the 'Dangerousness' discourse is the subtext of unpredictability, which was manifest through the connotation of the potential threat posed to public safety by PWMI. Unpredictability is articulated in this discourse as the notion that 'Dangerousness' is not a static quality,

they [paranoid schizophrenics] are highly unpredictable {'Lack of funds to treat killer, coroner told'}

is extremely difficult to predict,

The danger caused by psychiatric patients was extremely difficult for clinicians to judge or predict {'Health experts defend massacre-case agency'}

We are not psychic, the doctors are not psychic, we did not have any indication this [the Raurimu shootings] would happen {'Emotional apology at inquest'}

and may not be accompanied by clear warning signs.

There were no obvious signs that Stephen Anderson was becoming increasingly aroused or dangerous {'Cry from Raurimu'}

I didn't get any feelings that he was going to snap {'Anderson: 'It all went horribly wrong, dude'}

Moreover, the subtext of unpredictability also serves to foreground 'Dangerousness' through the depiction of PWMI as unstable and volatile.

the potentially explosive situation of Anderson's illness {'Raurimu trial leaves unanswered questions'}

a potential time bomb {'Father blamed for gun deaths'}

it is fairly easy to trigger them [schizophrenics] {'Lack of funds to treat killer'}

A further subtext manifest in this repertoire is the implication that the nature of this threat posed by PWMI is such, that there is justifiable reason to restrict the rights of this population,

If anyone we know and care about [...] has been diagnosed with a mental illness,
for their safety and other people's, all firearms should be confiscated from that
person {'Remove guns'}

including the denial of community participation and membership.

To guarantee public safety, some cases should never be released back into the
community {'Protecting the public'}

There were some attempts to counterbalance the image of people with mental illness as dangerous and threatening. These included subtexts that challenged common-sense understandings of the relationship between violence and psychiatric morbidity,

mental illness and violence seldom keep company with each other {'Link to
violence rare'}

that emphasised the relative safety of PWMI,

The vast majority of people who have a mental illness do not commit violent
crime {'Link to violence rare'}

that accentuated the greater threat of violence posed by non-mentally ill members of the community.

The majority of violent crimes were committed by people who did not have a
mental illness {'Gun lobby group backs Raurimu lawsuit'}

and that highlighted the fact that the risk of threatening behaviour by people with serious mental disorders can be reduced by adequate treatment.

People with serious mental disorders who are well treated are not a risk to society. We don't have to be afraid of them {'Psychiatrist: law is an ass'}

However, the statement of these facts stand as a dichotomous counter to the more common alternative view that psychiatric patients are dangerous. Indeed, one reporter framed the debate on the dangerousness of PWMI with heavy irony:

Mentally ill people are not dangerous. We used to fear mad people because they were different, because they were unpredictable, and because they sometimes hurt themselves and other people. We've been repeatedly assured, though, that mad people are no more likely, statistically, to hurt us than well people. It's been a simple step to accept that mentally ill people are almost never dangerous at all {'Facing the problems of madness'}

Accountability

The final repertoire to be discussed in this context relates to a discourse of 'Accountability'. Predominant in this repertoire is the inference that PWMI are neither responsible nor accountable for their actions. This discourse is formulated through the depiction of mental illness as impairing an individual's capacity to tell right from wrong,

Anderson was so mentally ill when he killed six people that he did not know what he did was wrong {'Anderson: 'It all went horribly wrong, dude'}

The onus was on the defence to show not only that Anderson suffered a recognised disease of the mind, but that it rendered him incapable of realising that

what he was doing was morally wrong {'Anderson: 'It all went horribly wrong, dude'}}

with the accompanying subtext that having a mental illness serves to rationalise criminal behaviour.

he was declared to be insane at the time, and therefore had no criminal intent
{ 'Verdict must assign guilt' }

the shootings were the actions of someone who was "mad" with no rational motive { 'Lawyers sum up in Raurimu murder trial' }

Moreover, the insanity verdict in this repertoire was conveyed as absolving an individual of criminal responsibility,

Raurimu gunman Stephen Anderson is not accepting "responsibility" for the tragedy { 'Verdict upsets survivor' }

It looks like he is not having to bear any responsibility for what he did { 'Verdict upsets survivor' }

and any level of social accountability for their crime.

Anderson's psychotic illness led to his escaping convictions for murder
{ 'Cannabis access not surprise to carers' }

"It is wrong. The man has committed a crime. It is basically like saying it's okay because he was cuckoo, and he can be free" { 'Insane killer could get leave' }

Anderson was acquitted of the killings by reason of insanity { 'Coroner eyes killer's care' }

Also central to this discourse of ‘Accountability’ was the notion that an individual found to be insane at the time of the crime is not criminally liable for their offence.

Sane people also kill; that obvious. But they’re also accountable for what they do
{‘Facing the problems of madness’}

it had “always been a principle of our justice system that in order to be guilty of a crime you have both committed the act and have an understanding of the consequences of the act” {‘Insanity ruling ‘no soft option’}

and that the emphasis of forensic internment is for the purposes of clinical treatment rather than punishment.

Mental health professionals consider him a patient, not a criminal, and do what they can to help him recover {‘Protecting the public’}

the treatment of people found insane has an emphasis on care and rehabilitation, not punishment {‘Verdict must assign guilt’}

However, in conflict with such policy, the ‘Accountability’ repertoire also espoused a subtext that the insanity defence should contain a punitive element,

In other countries cases such as Anderson’s were considered from a criminal and a medical viewpoint, with as much emphasis on secure custody as on treatment
{‘Killer of six given leave’}

if guilty, even though insane, an element of incarceration can be considered alongside treatment for the mental condition {‘Protecting the public’}

psychiatric patients should be found guilty like anyone else but sentenced differently to take their mental illness into account {Psychiatrist: law is an ass’}

while language and terms associating psychiatric hospitalisation with notions of discipline and correction,

detention {'Raurimu killer could apply for short leave'}, secure units {'Raurimu killer may be shifted to Porirua'}, institutions {'Victims' families plead for fire-arm law change'}, locked up {'Anderson unlikely ever to leave psychiatric hospital'}, custody {'Anderson unlikely ever to leave psychiatric hospital'}, and confined {'Anderson unlikely ever to leave psychiatric hospital'}

conveyed an anti-therapeutical character to psychiatric hospitalisation.

CHAPTER 4

Discussion

The present study employed quantitative and qualitative methods of analysis to investigate the representation of PWMI in the New Zealand metropolitan press. This method of analysis enabled systematic identification of news sources, thematic content categories, and clusters of discursive resources in print media depictions of PWMI. The image of the dangerous psychiatric patient is arguably the most common social representation of PWMI held by the public and conveyed through the popular media. Therefore, it is not surprising that a discursive construction of danger was also found to exist in the present study. However, this discourse was encompassed within a wider representational field, which emerged from interlocking discourses relating to PWMI as dangerous, inadequate social policies, and inefficient mental health services. By intertwining danger, lack of care, and contentious public policy, a representation of *Social Crisis* was constructed and circulated through print media coverage of the Raurimu story.

Essentially, this representation brings together discursive themes that cast and vilify PWMI as imposing an external threat to members of the community with narratives that challenge the credibility and power of public policies and social services to exercise control over this threat. The latter is perhaps most clearly exemplified by the CEO for Capital Coast Health, who was forced into a defensive position as head of an organisation that was characterised as active in “protecting” the public from the threat posed by dangerous psychiatric patients. By focusing on the hospital’s intention to improve its risk management practices, rather than the relative

infrequency of mental health-related criminality, the media constructed a narrative about the potential dangerousness of PWMI and the need for apparent containment of public risk.

By drawing on a range of newsworthy events thrown up by story (e.g., the perpetrator's history of psychiatric illness, gaps in his psychiatric care, and under-resourcing of mental health services), by framing these issues in light of historical social concerns (i.e., previous controversies over killings by people with a history of psychiatric treatment), and by enlisting key elements of pre-existing public stereotypes in coverage (e.g., PWMI as dangerous and different), journalists were, thus, able to invoke a narrative of social crisis within the Raurimu story. This representation of crisis was further anchored through a largely undifferentiated image of PWMI in the texts. Many studies have demonstrated that media personnel enlist key elements of pre-existing public stereotypes in their portrayals of PWMI. Such generalisation in depictions enables the audience to draw on their prior understandings of PWMI in order to make sense of the particularities of a news actor or mentally ill character and to anticipate their behaviour or role in the story (Philo, 1996; Wahl, 1995).

Unfortunately, despite the wide and complex range of psychiatric diagnoses, symptoms, and treatments currently available, mental illness is all too readily and regularly conveyed as an undifferentiated, catch-all condition in the media. In fact, the depiction of the generic psychiatric patient is arguably one of the most common features of mass media presentations of PWMI. In many instances during coverage of the Raurimu story, no specific psychiatric classification was provided by journalists, even despite Anderson's well-documented history of paranoid schizophrenia. Instead, such catch-all terms as 'mental illness', 'psychiatric patient', and 'insane' were studied frequently through the text corpus, often used arbitrarily in reference to

Anderson or as implied explanation for the crime. Presenting an undifferentiated image of PWMI in the this context may serve to suggest that there are more mentally ill people around who have the potential to be dangerous.

The social crisis representation was also evoked through discursive notions that suffering from a mental illness absolves an individual from responsibility for themselves, their illness, and their actions, while having a mental illness represents a failure to cope with life. Together, these discourses suggest that PWMI lack basic control over themselves and their behaviours, and the capacity for appropriately managing their lives. Thus, the implication of the social crisis representation is that current deficiencies in mental health policies, practices, and systems in New Zealand present an imminent threat to public safety through the inadequate provision of treatment to PWMI. Coupled with narratives of danger, unpredictability, irresponsibility, dysfunction, and otherness, this characterisation acts to justify intervention by public order (e.g., compulsory care) through a defensive function rather than a therapeutic one.

Analysis of news sources also reveals much about the ways that the institutions of psychiatry and journalism intersect with each other and produce discourses associated with PWMI. This study found that journalists selected from a range of news sources as the story unfolded. Results indicated that news sources associated with the mental health profession, various Government bodies, and the legal system, as well as those linked to the victims or the perpetrator provided the majority of newsworthy quotes in the sample articles. Notably, it was the providers of mental health services, and not mental health consumers, that were used by journalists to discuss issues concerning mental illness and mental health care in the present context. This is not surprising in view of the fact that members of elite groups, such as the mental health

profession, are in a stronger position to control their access to, and portrayal within, the media, compared with less advantaged groups. However, while better access does not necessarily presuppose a positive presentation, it is interesting to note that even in news coverage of a story that was largely critical of mental health services and care, media discourse legitimated mental health professionals by representing them as dominant voices of authority within the context of the story. This may be the result of a number of intersecting actions, not the least of which are the conventions of journalistic practice to include news sources to whom authoritative attributions may be given, thereby legitimising the content of the articles .

In contrast, spokespeople for other mental health-related groups, such as consumers and patient advocacy groups, were given little voice to comment on psychiatric practices and policies. A few individual's attempted to mollify any public anxieties generated by the invocation of crisis-related discourses, by drawing on empirical evidence that PWMI do not pose a substantially greater risk to the community. However, the relative scarcity of such statements in the text corpus, and the fact that for the most part they were not directly contained in the narrative of the story, suggests that this narrative was submerged by more tenacious images circulated in the immediate context of the story.

Although conclusions can be drawn about the use of language and news sources, and the prominence of common themes and discourses, in coverage of the Raurimu case, it is not within the parameters of this study to predict the ways in which readers may have responded to, or actively read, the articles. Moreover, before any such causative links can be legitimately drawn in the future, further research will need to explore how members of the lay public make sense of news stories, the other sources of information and belief systems the audience draw upon in doing so, and, more

broadly, the ways in which media texts affect audience members' opinions of social reality. Nevertheless, given the considerable time spent by the modern public in the consumption of media texts, it would seem to be a persuasive argument that the media influences, at least to some extent, understandings about PWMI. For this reason, many mental health commentators, consumers, advocates, and professionals have long expressed concerns with the nature of media portrays relating to PWMI, and, more specifically, the societal and cultural implications of these portrayals. Stories that rely on frightening images of PWMI, convey a conflated association between mental illness and violence risk, and provide an undifferentiated psychiatric context are central to the concerns of such groups.

While the media is not held to have created the popular cultural image of PWMI, it is believed that selective media framing serves to amplify, sustain, and legitimate contemporary social representations of PWMI. If there is clear evidence that the media are a critical vehicle for informing and reinforcing social representations of PWMI, then unfavourable, sensationalised, and stereotyped media coverage that fosters fear and propagate misunderstandings about PWMI may be considered one of the biggest obstacles faced in mental illness destigmatisation efforts. In establishing the media's role in furthering misconceptions about PWMI (thereby reinforcing social stigma), clinicians, educators, policymakers, and researchers in the field of mental health appear to have three distinct goals.

Firstly, to identify how, and to what extent, the media influences and motivates behavioural and attitudinal change in consumer's. Secondly, to examine decision-making processes and production practices of media staff. Thirdly, to study consumer's reactions to media representations, with particular exploration of the extent to which the lay audience appreciate that news media coverage is not definitive.

Each of these targets for study require that the mass media is closely monitored with respect to the issues highlighted, information presented, and images constructed and conveyed about PWMI. It is expected that explicating patterns in media coverage and the complex sociocultural background within which mass media representations of PWMI endure will enable researchers to more effectively engage media-based public education strategies and identify obstacles to balanced media depictions as ways of addressing negative public perceptions of PWMI.

Taking this perspective, reducing mental illness stigma through the mass media is seen to require a two-fold approach. Firstly, public awareness of mental illness must be increased through the use of media-based educational programmes. In recent years, a number of public mental health campaigns aimed at removing the stigma from PWMI and raising public awareness about mental health issues have been carried out in New Zealand using a multi-media approach (e.g., the 'Like Minds, Like Mine' campaign, co-ordinated by the Ministry of Health in New Zealand as part of a five-year project to counter social stigma and discrimination). However, it is this author's contention that in order to effect major and persisting change in public perceptions of PWMI, collaborations between Government health agencies, patient support groups, and mental health professionals must be co-ordinated through the enactment of common policy and strategy. In other words, national mental health promotion campaigns should coincide with legislation that actively discourages discrimination and promotes social acceptance and equality of PWMI. Of course, it is important to recognise that those who wish to change distorted and inaccurate images are not up against an easily manipulated or superficial public ignorance. Beliefs about PWMI are deeply rooted and highly functional cultural mechanisms. Therefore, changing fundamental aspects

of our conceptions of PWMI requires a reconfiguration of our basic system of understanding and explaining PWMI.

The second method through which stigmatising beliefs must be challenged is by reducing stereotyped and distorted media portrayals. In reality, achieving a more accurate portrayal of PWMI in the media will be the shared responsibility of media and mental health personnel. Those involved in the field of mental health must, therefore, be encouraged to work proactively with media staff in order to produce a balanced mental health agenda in the media and to counteract the influences of media practices that prevent positive presentations. For example, media attention may be refocused on mental health issues of greatest and most relevant concern, such as inefficiencies in public policy and underfunding of mental health resources.

On the other hand, media personnel must be made more conscious of both their role as unofficial information brokers of mental health-related matters and of the wider cultural implications of continued imbalance in coverage of mental health care issues and PWMI. In some cases, reporters are reluctant to follow basic journalistic practices (i.e., to verify information with multiple, independent sources, to identify possible sources of bias) for the reason that it may slow down a story or signal to editors that the story is less newsworthy than originally anticipated. In other cases, however, distorted coverage is the result of a media that is uninformed about mental illness. Therefore, the undifferentiated image of PWMI may be reduced if journalists are encouraged to learn about the wide range of psychiatric illnesses, the variation in clinical symptoms, and the treatability, and in many cases curability, of many mental illnesses.

Potentially stigmatising reporting may also be mitigated by journalistic efforts to convey the symptoms relevant to specific diagnoses and their relevance to reported

incidents. Providing journalists with information regarding the state of research on the links between violence and mental illness, and the apparent import of substance abuse, personality factors, and acute psychotic phenomena in that mix, may also motivate reporters to seek causal factors underlying events beyond applying an undifferentiated explanation of mental illness to account for events. Of course, it is not realistic to appeal to journalists to edit out references to mental illness in news stories when it may be legitimately cited as a material factor in a newsworthy crime or tragedy. Rather, advocating a more conscious appraisal of that materiality on a story by story basis may help to reduce the passive media practice of adopting mental illness as catch-all explanation for events.

Unfortunately, challenging and changing journalistic practices and policies in relation to coverage of PWMI is likely to be neither a straightforward nor a linear process. A number of intersecting actions dictate that media professionals should continue to disproportionately frame PWMI in the context of crime, danger, and unpredictability in the future. These include the demands and conventions of journalistic practice and historic conceptions about mental illness. Historical beliefs and fears about PWMI appear to dovetail neatly with the goals of journalists, who seek to heighten the drama of a story in the hope that it will be published prominently, and news editors, who understand that sensationalism hooks the public interest. Thus, the use of pre-existing frames of expectation regarding PWMI in media texts enables the audience to predict the role to be played by a “mentally ill” character, while allowing the media producer to employ mental illness both as a topic to engage audience attention and as a plot device that requires little explication.

Yet, although media content is undoubtedly shaped by the values and working practices of the media, it may also be argued that media staff, like the lay public, make

regular use of convenient interpretations and public stereotypes. Therefore, it stands to reason that these readily available cultural representations will invariably be drawn on in the construction of media texts. Taking this argument then to its logical conclusion, it is unlikely that a significantly improved image of PWMI will be disseminated in the mass media until a commensurable representation is reflected in the wider social community.

In conclusion, the public seek reassurance that their community is safe from potentially erratic, antisocial, and violent persons. Epidemiological research increasingly suggests that PWMI pose a modest overall risk to the community, with any statistical risk disproportionately inflated for certain types of offences among certain subgroups of PWMI. Nevertheless, this data appears to carry little weight with the public in the face of strong emotions elicited when innocent persons suffer at the hands of an individual who has failed in psychiatric treatment. Research also shows that the public hold a clearly negative and fearful social image of PWMI. In fact, it appears that a significant proportion of the public, even those exposed to non-violent psychiatric patients (e.g., Philo, 1996), overestimate the link between PWMI and violent behaviour. Consequently, evidence that lay representations resemble media representations of PWMI, especially with regard to the link between violence and mental illness, is of more than oblique interest to those groups and individual's concerned with reducing mental illness stigma.

There can be little argument that the mass media play an important gate-keeping role in providing psychiatric information to the waiting public. Given the technical nature of the data, newspapers serve as filters that deconstruct technical, medical, and legal jargon into language and images that can be more easily digested by the lay public. Therefore, journalistic decisions about what material to publish, how to slant it,

and who to consult for interpretation or reaction sets the tone and boundaries of what reaches consumers. For this reason, an analysis of news coverage of PWMI offers a window into the general process of mental health reporting and the stability of negative and distorted public perceptions of PWMI.

The Raurimu story, as reported in the present analysis, was thus revealing of the socially constructed nature of discourse relating to PWMI in newsprint coverage of this event. This news story appears to have derived its momentum from a combination of highly newsworthy factors, including the portrayal of people with mental illnesses as dangerous, the revelations that inadequate mental health services contribute to this threat, the danger apparently threatened to the community through failed community care policies, and the charges levelled at mental health services of inefficiency in the case of Anderson's treatment. It also relied on discourses that represented PWMI as inherently dangerous and different, as unable to function effectively in society, and as frequently unanswerable to their actions - all of which were used to anchor the overarching representation of social crisis within articles.

Unfortunately, the emerging discourses and representation that I have discussed perpetuate a long-standing tradition of negative images conveyed about PWMI. As long as the community continues to define PWMI in terms of their potential threat to the community, the rights and social status of PWMI will be subordinated and their needs potentially neglected. Moreover, preserving these historical misconceptions of PWMI creates a social focus less concerned with treatment and more with risk prevention. Future research must, thus, focus on the growing impact of mass media accounts on public perceptions of PWMI. If the transmission and generation of media representations of PWMI are found to be clearly connected to consumer attitudes,

beliefs, and behaviours, then understanding the impact of these images may be the foundation to developing effective methods by which to reduce mental illness stigma.

Conclusion

Social representations enable the shared understanding and communication of collective social knowledge about different cultural phenomena. Today, the popular media is instrumental in transmitting and circulating social representations to the public, and there is increasing focus on the role of the media in reinforcing and sustaining cultural representations in the public conscious. Such an influence has particular implications if the media is found to strengthen and perpetuate misconceptions and myths about PWMI. If this is the case, then the media becomes both part of the problem and part of the solution to reducing the stigma of mental illness. For this reason, it is important to understand the complex sociocultural background within which social representations of PWMI are constructed and perpetuated if media-focused interventions are to be effectively mobilised in destigmatisation efforts. It is hoped that this study is a step towards articulating some of that knowledge.

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APPENDICES